



ANIMAL MORTALITY APPLICATION - ALPACA/LLAMA

Producer's Name _____ Agency Code 87- _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ FEIN or SOC SEC # _____ Mail Address _____ City, ST Zip _____ Phone () - _____ Fax () - _____ E-Mail Address _____
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Individual
 Partnership
 Corporation
 Joint Venture
 Limited Liability Corp.
 Other _____

Proposed Effective Date: _____ Type of Coverage Requested: <input type="checkbox"/> Mortality-Full <input type="checkbox"/> Mortality-Limited <input type="checkbox"/> Aggregate Deductible	Policy Term Desired (maximum term 12 months): _____ (Minimum Policy Premium \$150.00) (Coverage begins on the date of acceptance by the Company)
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1.	Animal Name	Species	Date of Birth	Purchase Price (or stud fee if raised)
Positive Identification Minimum of one selection required <input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ *(color photos of front and sides of animal are required)			Date Acquired Exact Use* *If Show list all events _____ _____	Insurance Desired** ** For amounts other than purchase price, complete and attach Substantiation of Value . Amounts other than purchase price are subject to Company approval. Acquired From _____ _____
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male (Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No)				

2.	Animal Name	Species	Date of Birth	Purchase Price (or stud fee if raised)
Positive Identification Minimum of one selection required <input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ *(color photos of front and sides of animal are required)			Date Acquired Exact Use* *If Show list all events _____ _____	Insurance Desired** ** For amounts other than purchase price, complete and attach Substantiation of Value . Amounts other than purchase price are subject to Company approval. Acquired From _____ _____
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male (Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No)				

3.	Animal Name	Species	Date of Birth	Purchase Price (or stud fee if raised)
Positive Identification Minimum of one selection required <input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ *(color photos of front and sides of animal are required)			Date Acquired Exact Use* *If Show list all events _____ _____	Insurance Desired** ** For amounts other than purchase price, complete and attach Substantiation of Value . Amounts other than purchase price are subject to Company approval. Acquired From _____ _____
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male (Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No)				

1. Is applicant the sole owner of the animal(s) listed? Yes No If No, provide other owner(s) % of interest, Name and address: _____
2. Loss Payee(s): _____
(Name and Address) _____
3. Has any same type of animal owned by the applicant died in the past 5 years, whether covered by insurance or not? Yes No
If Yes, provide details: _____
4. Has any insurance carrier ever canceled or refused to insure any animal in which the applicant has or had an insurable interest? Yes No If Yes, provide details: (Not applicable in MO) _____
5. Name of current insurance carrier: _____ Expiration Date: _____
List optional coverage(s) provided: _____
6. Is there any other insurance on any animal listed? Yes No If Yes, provide the carrier name: _____
Expiration date: _____ Amount of coverage: _____
7. Name, address and telephone number of usual licensed Veterinarian: _____
8. Will the animal(s) be observed and cared for daily? Yes No If No, explain: _____
9. Does the applicant own any other animals of this type? Yes No
10. Has any animal listed been sick, diseased, or injured during the past year? Yes No
11. Has any animal listed ever had bloat/colic, intestinal disorders or ulcers? Yes No
12. Has any animal listed experienced birthing difficulties? Yes No
13. Other than for routine care, is any animal listed receiving regular treatment, medication, or supplements? Yes No
14. Will any animal listed be transported during the coverage period? Yes No
15. Is any animal listed leased to others? If Yes, attach copy of lease. Yes No
16. Is any animal listed not stabled at your mailing address shown? Yes No
If Yes, to any of the questions 9 through 16, please identify animal(s) and provide details:

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.
(Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

(Not applicable in CO, HI, NE, OH, OK, OR, or, VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied. See below for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Nebraska, Oregon and Vermont

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a crime.



Producer's Name	_____	Applicant's Name	_____
Agency Code	87-	FEIN or SOC SEC #	_____
Mail Address	_____	Mail Address	_____
City, ST Zip	_____	City, ST Zip	_____
Phone	_____	Phone	() -
Fax	_____	Fax	() -
E-mail Address	_____	E-Mail Address	_____

VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE - ALPACA/LLAMA

I, _____ hereby certify that I have this ____ day of ____ examined the following animal(s) at rest and in motion:
 (Please Print Name)

(1) Name _____ (2) Name _____ (3) Name _____

1. How long have you been the veterinarian for the above animal(s)? _____
2.
 - a. Do both eyes of the animal(s) appear clinically normal without drainage? Yes No
 - b. Do the lungs and heart sounds fall within normal ranges? Yes No
 - c. Does the hair coat appear to be smooth and shiny? Yes No
 - d. Have you examined the animal(s) without the aid of chemical restraint? Yes No
 - e. Do the feet appear to have normal growth? Yes No
 - f. Does the animal(s) appear relaxed and free of pain in all gaits/movements observed? Yes No

If "No" to any of the above, please identify the animal(s) and give details. _____

3.
 - a. Does there now exist, or has there recently been any infectious disease in animals area? Yes No
 - b. Does the animal(s) have any history or evidence of liver flukes? Yes No
 - c. Does the animal have any physical deformities, disease, or infection? Yes No
 - d. Does the animal(s) examined show any symptom of previous sickness, disease, or injury? Yes No
 - e. Is the animal(s) routinely wormed or vaccinated? Yes No
 - f. Does the animal(s) receive any other medication? Yes No
 - g. Does the animal(s) exhibit any respiratory or circulatory distress? Yes No
 - h. Is the animal(s) pregnant? If Yes, give the expected date of birth below. Yes No
 - i. If the animal(s) is a breeding animal, to your knowledge is there any history of gestation, lactation, or parturition problems? ... Yes No

If Yes, to any of the above, please identify the animal(s) and give details. _____

4. If this is a Cria, please provide IGG level. _____

5. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal(s) listed during the last year _____

 Veterinarian's Signature

 Date

 Telephone Number

Veterinarian's Address: _____



Producer's Name _____	Applicant's Name _____
Agency Code <u>87-</u>	FEIN or SOC SEC # _____
Mail Address _____	Mail Address _____
City, ST Zip _____	City, ST Zip _____
Phone _____	Phone () - _____
Fax _____	Fax () - _____
E-mail Address _____	E-Mail Address _____

Underwriting Questionnaire – Llama/Alpaca

1. How long has the applicant raised each animal species for which insurance is being requested? _____
2. Will the animals be kept on the applicant's premises? Yes No
If No, please complete the following section:
 - a. Where will the animals be kept? _____
 - b. How far from the applicant's residence will the animals be kept? _____
 - c. Is there a caretaker or manager on the premises where the animals will be kept? _____
3. Describe any shelters and windbreaks available for the animals. _____
4. Is there a separate facility to quarantine new or sick animals? Yes No
If Yes, please explain: _____
5. What is the type of fencing? _____
6. What is the age of the fencing? _____
7. What is the height of the fencing? _____
8. Is the fencing specifically made for the animal species for which insurance is being requested? Yes No
9. Who installed the fencing? _____
10. List all sources of water: _____ If natural source, is water treated to prevent liver flukes? Yes No
11. Size of pens: _____ Number of pens: _____ Number of animals per pen: _____
12. Do the animals receive treatment from a licensed Veterinarian who is experienced in caring for each species?..... Yes No
13. Describe the animals' regularly scheduled veterinary care program. _____
14. Describe the animals' dental care program. _____
15. How often are the animals' hooves trimmed? _____
16. What preventative measures are used to avoid heat stress / extreme cold? _____
17. Will the applicant shear the animals' during the summer months?..... Yes No
18. What precautionary steps have been taken to avoid predator attacks? _____
19. Are there any other animals at the same location?..... Yes No
If Yes, please complete the following section:
 - a. What species are they? _____
 - b. Will they be kept with the same animals for which insurance is being requested? _____
20. How often does the applicant or caretaker
 - a. Observe the animals? _____
 - b. Inventory the animals? _____
 - c. Handle the animals? _____
21. What is the applicant's procedure to introduce new animals into an existing herd? _____
22. Will any of the animals be transported during the coverage period? Yes No
If Yes, please explain _____
23. What is the annual amount of fiber sales? _____
24. What percentage of the breeding program uses the following breeding methods?
 - a. Naturally _____ %
 - b. A.I. _____ %

Applicant's Signature

(We reserve the right to limit the amount of insurance that we will accept on any one animal.)

STATEMENT OF HEALTH Alpacas & Llamas Only



Producer's Name _____ Agency Code <u>87-</u> _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ FEIN or SOC SEC # _____ Mail Address _____ City, ST Zip _____ Phone () - _____ Fax () - _____ E-Mail Address _____
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**This Statement forms part of the Animal Mortality Application - Exotics.
Valid only on animals ages 1 to 12 years with a value of \$15,000 or less.
(To be completed by the applicant.)**

(1) Name _____	(2) Name _____	(3) Name _____
Use of animal _____	Use of animal _____	Use of animal _____
How long have you known animal? _____	How long have you known animal? _____	How long have you known animal? _____

(If you have known animal(s) less than 30 days, this form is not applicable and a Veterinarian's Statement is required.)

	<u>Animal (1)</u>	<u>Animal (2)</u>	<u>Animal (3)</u>
1. Is the animal currently healthy and free of lameness, without the use of any drugs?...	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain: _____			
2. Does the animal have any past conformational problems or defects, illness or disease, lameness, injury, or any physical disability?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the animal ever had bloat/colic, intestinal disorders or ulcers within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the animal ever received any type of surgical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the animal been examined or treated by a veterinarian for other than routine care within the last year?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the animal undergone any diagnostic ultrasound, bone scan or x-rays within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the animal received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the animal due to give birth any time during the proposed policy period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give expected date of birth along with the number of previous births.			
	_____	_____	_____
	_____	_____	_____
9. If Yes was answered to any question 2 through 8, please provide details below.	_____		

Applicant declares the above statements are true and complete, and that no material information was withheld.

Applicants Signature _____	Date: (Must be no more than 30 days prior to policy effective date) _____
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