

## APPLICATION FOR INSURANCE WITH AMERICAN LIVE STOCK

## A Division of Markel Service, Incorporated

Agent Name:	

NEW or ADD TO EXISTING POLICY NUMBER:

NAME:		FARM NAME:					
						ZIP CODE:	
Home Phone: Cell Phone:							
I/We hereby apply for insurance aga	m disease or accidental injuries for the term of						
Name of Animal	Registration and/or Tattoo Number	Breed Sex	Birthdate	Purchase Price Purchase Date	Amount of Insurance % Interest	Rate	Premium
						%	
						%	
			_				
						%	
						%	
						%	
						%	
Continue Animal Schedule on next	page, as needed			TOTALS:		] [	
Values based on:  Appraisal: Private Purchase:   I Hereby certify that I have this day examined I have witnessed locomotion and observed no I know of no record of illness in the past twelvents.	the aforementioned animal(s). o defects or unsoundness of limb.	not been refused els that I/We are the sole there is not now, no insurance should no	ewhere, no other e owner of the an r has there been t be granted. The	insurance is in effect, or imal(s) herein described any contagious disease following notice is requ	e facts confirm my knowledge r that insurance is in excess of and that same is now in sou in my/our vicinity; and that I uired by various states: "Any	of fair market va and and good co /We know of no person who kr	alue. I/We declare andition; and that reason why this nowingly with the
I know of no record or indication of sterility, p I would consider the animal(s) sound and nor	past or present.		eals for the purp		or other persons, files an a ormation concerning any fa		
Veterinarian's Signature	Date		Signatu	re of Applicant	Da	ite	



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NEW or ADD TO	

		EXISTING POLICY NUMBER:						
NAME:				FARM NA	AME:			
		CONTINUATION OF ANIMAL SCHEDULE						
	Name of Animal	Registration and/or Tattoo Number	Breed Sex	Birthdate	Purchase Price Purchase Date	Amount of Insurance % Interest	Rate	Premium
							%	
							%	
							%	
							%	
							%	
							%	
							%	
							%	
							%	
							%	
				_				

TOTALS: