



## LIVESTOCK MARKET APPLICATION

Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone ( ) - _____ Fax ( ) - _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone ( ) - _____ Fax ( ) - _____ E-Mail Address _____
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<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____	Year Business Started _____
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Proposed Effective Date: _____	Rate(s): _____	<input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill
Inspection Contact: _____		Phone: ( ) - _____
Location of Premises: _____		Protection Class Rating: _____

Type of Coverage Requested:		Optional Coverage Form Requested:
<b>TRANSIT</b> <input type="checkbox"/> Livestock Transit Coverage Form (Limited Named Peril LS 00 21) <input type="checkbox"/> Livestock Transit Coverage Form (Broad LS 00 20)	<b>PREMISES</b> <input type="checkbox"/> Livestock Premises Coverage Form (Limited Named Peril LS 00 23) <input type="checkbox"/> Livestock Premises Coverage Form (Broad LS 00 22)	<input type="checkbox"/> Mortgaged and Stolen Livestock <input type="checkbox"/> Other _____ <hr/> <b>Optional Endorsement(s) Requested:</b> <input type="checkbox"/> _____

Are P & S Bonds required with this application?    ☐ Yes    ☐ No    If Yes, attach **Livestock Bond Application**

1. (a). Does applicant receive animals from any of the following states?    ☐ Yes    ☐ No    If Yes, please indicate which states:

- |                                    |                                      |  |                                       |                                       |  |
|------------------------------------|--------------------------------------|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Alabama   | <input type="checkbox"/> Maine       | <input type="checkbox"/> Montana       | <input type="checkbox"/> New Mexico   | <input type="checkbox"/> Oregon       | <input type="checkbox"/> Vermont       |
| <input type="checkbox"/> Colorado  | <input type="checkbox"/> Minnesota   | <input type="checkbox"/> Nebraska      | <input type="checkbox"/> North Dakota | <input type="checkbox"/> South Dakota | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Idaho     | <input type="checkbox"/> Mississippi | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Oklahoma     | <input type="checkbox"/> Utah         | <input type="checkbox"/> Wyoming       |
| <input type="checkbox"/> Louisiana |                                      |  |                                       |                                       |  |

(b). Has applicant registered with the Central Filing System of such state(s), and does applicant regularly receive Notices of Livestock Liens?    ☐ Yes    ☐ No    If No, please explain: \_\_\_\_\_

(c). Has applicant established office procedures to properly process the Notices of Livestock Liens?    ☐ Yes    ☐ No  
 If No, please explain: \_\_\_\_\_

2. Specify all methods of marketing at this location:

(a) Auction

Please provide sale day schedule: \_\_\_\_\_

Approximate number of animals handled per week:

Cattle \_\_\_\_\_ Hogs \_\_\_\_\_ Sheep \_\_\_\_\_ Horses and/or Mules \_\_\_\_\_

(b) Special Sales

Auction \_\_\_\_\_

Private Sale \_\_\_\_\_

Number of animals sold annually: \_\_\_\_\_ Cattle \_\_\_\_\_ Other (specify) \_\_\_\_\_

3. Are there any special valued animals sold at this market?    ☐ Yes    ☐ No    If Yes, please explain: \_\_\_\_\_

4. Is there any long term feeding?    ☐ Yes    ☐ No    If Yes, please explain: \_\_\_\_\_

5. What is the approximate number of miles that animals are hauled to reach applicant's market? \_\_\_\_\_

6. What is the approximate length of time that animals remain on applicant's premises after arrival? \_\_\_\_\_

**Attach Diagram And Photos Of Market Showing Locations Of All Structures.**

7. What is the construction type of the yards? ☐Wood ☐Metal ☐Concrete ☐Other \_\_\_\_\_
8. Describe the loading and unloading facilities: \_\_\_\_\_
9. Will all outside gates be locked when not in use? ☐Yes ☐No
10. Describe any other security measures currently in place: \_\_\_\_\_
11. Does the arrangement of pens and alleys allow for proper access to exits for the removal of animals in the event of fire or other emergency? ☐ Yes ☐ No If No, explain: \_\_\_\_\_
- What is the number of exits? \_\_\_\_\_
12. Describe any combustible exposures and their location on the premises: \_\_\_\_\_

13. Number of miles from responding fire department: \_\_\_\_\_

14. Loss Payee(s): \_\_\_\_\_  
(Name and Address) \_\_\_\_\_

15. Does the applicant own, operate or have financial interest in any other similar operation? ..... ☐Yes ☐No

16. Does the applicant have any other insurance with The Hartford? ..... ☐Yes ☐No

17. Name of current livestock market insurance carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

18. Has the applicant ever been canceled or nonrenewed by an insurance company? (Not applicable in MO) ..... ☐Yes ☐No

19. Please provide a five year loss history:

<u>Year</u>	<u>Premium</u>	<u>Amount of Losses</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If Yes to question(s) 15, 16 or 18, please explain: \_\_\_\_\_

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.

### **Terrorism Coverage Option**

On November 19 2002, congress passed the Terrorism Risk insurance Act of 2002. One provision of the Act mandated that, to participate in the federal reinsurance of terrorism, insurers make available terrorism coverage to property and casualty insureds. "Livestock insurance that is privately issued or reinsured" was specifically exempted from the bill. Livestock policies thus have no coverage under the Federal Act, nor are they required to cover terrorism losses.

As a result, The Hartford is adding a Terrorism Exclusion Form to all existing livestock policies beginning in January 2004. The Livestock Terrorism Exclusion Form excludes coverage for "certified acts of terrorism", defined as: *"An act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act of 2002."*

However, the Livestock Terrorism Exclusion does not exclude coverage for "other acts of terrorism". For example, the Livestock Terrorism Exclusion form would not exclude coverage for acts by a group pursuing anti-meat objectives where the U.S. Government does not declare the act a "certified act of terrorism." Depending upon the act, other exclusions may become applicable, but the livestock Terrorism Exclusion would not exclude coverage.

As the insured, you have the option to purchase the terrorism coverage back for approximately 2% of their final premium. For all pasture, feedlot, dairy, transit, and swine confinement policies the charge will be as close to 2% of the current rate as possible, \$.01 per head minimum charge.

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**Policy # 87LST** \_\_\_\_\_

#### **Livestock Terrorism Exclusion Form Option (check one):**

☐

I have elected to **not purchase** terrorism coverage and understand that the Livestock Terrorism Exclusion Form **will** be added to my livestock policy on the anniversary date. I understand that I can request to purchase terrorism coverage at any time for an additional premium charge.

☐

I have elected to **purchase** terrorism coverage and understand that the Livestock Terrorism Exclusion Form **will not** be added to my livestock policy. I understand that I will be billed for an additional premium beginning charge on the anniversary date of my policy.

Signature: \_\_\_\_\_  
First Named Insured

Date: \_\_\_\_\_

*Please return this form with the signed application.*