

Livestock Motor Truck Cargo Insurance Application

This is not a binder. No Application will be considered if not fully completed and signed by the insured.

Desired Effective Date:

Primary Contact:

Applicant's Name (as it should appear on the policy):

Address:

City, State, Zip:

Phone Number:

Email Address:

Broad form deductible requested, per occurrence:

(zero deductible for specified perils)

COVERAGE REQUESTED:	Livestock MTC (broad form)	Livestock MTC (specified perils)
Non-Livestock Freight	Terminal Coverage (non-livestock)	Death Only Coverage (mandatory for horses)

LIMITS REQUESTED (all per occurrence):

Policy Maximum (\$175,000 standard)	Per Vehicle (\$125,000 standard)
Per Animal (\$5,000 standard)	Salvage & Debris Removal (\$35,000 standard)
Freight Charges (\$5,000 standard)	Non-Livestock Freight

PAYMENT OPTION REQUESTED:

Is the applicant domiciled in the United States of America? YES NO

Has the applicant ever been convicted of a felony? YES NO

Has any company cancelled or refused to offer coverage to the applicant? YES NO

If yes, please explain:

Is this risk currently insured? YES NO If yes, with whom?

Please explain if applicant owns, operates, or has financial interest in any other livestock operations:

Is this operation a new venture? YES NO

Are state filings required? YES NO If yes, in what states?

Does applicant transport any high valued animals on a regular basis (purebred, export, genomic, etc.)? YES NO

If yes, please explain:

Indicate the percentage of loads for each type of livestock:

Cull Hogs	Market Hogs	Feeder/Pre-wean Pigs	Sheep/Goat
Cull Cattle	Fat Cattle	Horse/Donkeys/Mules	Dairy Cattle
Poultry	Feeder/Replacement Cattle		

Specify any species transported that are not listed above:

Average Hauling Distance:

Maximum Radius:

Total Annual Miles:

Average Value Per Load:

Maximum Value Per Load:

Please answer the following for Non-Livestock Freight coverage only:

Specify what non-livestock freight is being transported:

What percentage of loads will be non-livestock freight?

Average value of non-livestock freight?

If refrigerated goods are transported, please describe:

VEHICLE INFORMATION:

Type of Vehicle (tractor, straight-truck, pickup, multi-deck, trailer, single deck trailer, gooseneck trailer)	Capacity (lbs./# of head)	Make	Year	VIN Number (6 digit)	Cargo Limit Per Vehicle (if different than limits indicated on page one)

Please complete this section if applying for terminal coverage (non-livestock Freight only):

Are terminals owned or non-owned?

If non-owned, who owns the terminal(s):

Describe any security measures in place:

Location Name or Number	Address or Legal Description, including State and Zip Code	Limit	Construction Type

**** If more space is needed for either table, please attach a separate page****

Please list all losses in the past five years, whether covered by insurance or not:

Date	Cause	Amount

****Please attach copy of driver(s) Motor Vehicle Record(s) if available****

I understand that it is required under the policy to do the following in the event of a loss, and that not doing so may jeopardize coverage and result in denial of any claim made, and will review the policy upon receipt for all terms and conditions:

- Give immediate notice by telephone of any loss.
- Do not remove dead livestock until authorized by us, unless legal required to do so.
- Not agreed to any terms or value for salvage until authorized by us.

Any person who knowingly and with intent to defraud any insurance company or other 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 hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.

Signature of Applicant:

Date:

FRAUD NOTICE - GENERAL WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
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 policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insured for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefits is a crime punishable by fines or imprisonment, or both.

Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	All commercial insurance forms, except as provided for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Fire insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or concealed for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall be grounds to rescind the insurance policy.
Ohio	Any person who, with intent to defraud or knowing that he 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.
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.
Oregon	Any person who, with INTENT TO DEFRAUD or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement MAY BE guilty of insurance fraud. (In this statement the "intent" and "may be guilty" could make it acceptable even though the "false or deceptive statement" is not identified as material.)

Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.
Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assists or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollar (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisonment for the fixed jail term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are presented, the jail term may be reduced to a minimum of two (2) years.
Rhode Island	Property Insurance, Real or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
Tennessee	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
West Virginia	Any person knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

N APP MTC 45015 1221

Rokstone Agriculture is a trading name of Rokstone Group Limited, who is an Appointed Representative of Consilium Insurance Brokers Ltd authorised and regulated by the Financial Conduct Authority (Ref: 306080). You can check this on the Financial Services Register. Registered in England (No. 10397192). Registered address 4th Floor, 34 Lime Street, London, EC3M 7AT, United Kingdom.