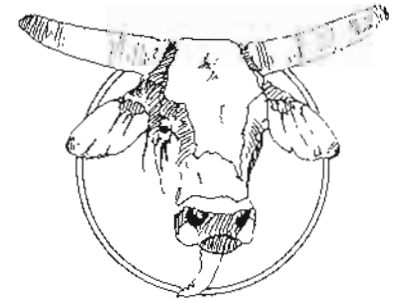


JUSTIN INSURANCE
 1256 FM 407 JUSTIN, TX 76247
 (800) 972-0272 / FAX (940) 648-3738



APPLICATION FOR LIVESTOCK MORTALITY INSURANCE
 Feedlot and Range Cattle are Excluded from Coverage

Name(s) of Owners: _____ Address: _____

No. of years in business: ___ Phone: _____ Location where animals are kept: _____

BREED	NAME OF ANIMAL	SEX	REG/ TATTOO #	DATE OF BIRTH	USE	SIRE	DAM	COLOR	HOW ACQUIRED (BRED, AUCTION, PURCHASE)	PURCHASE PRICE	AMOUNT OF INSURANCE DESIRED
a.											
b.											

*Use following codes to indicate sex of animal- B-Bull, C-Cow, A-Heifer, D-Steer

Purchase date: a. _____ b. _____

- 1.) Are you the animal(s) sole owner? _____ Are there any encumbrances upon this animal(s)? _____ Is there any indebtedness because of change of ownership of this animal(s)? _____ If yes, give particulars _____
- 2.) If bull/cow is being leased, please indicate lessor's name & address _____
- 3.) Have any cattle owned by you died in the past 36 months? _____ State cause of deaths and were any insured, give particulars _____
- 4.) Is the animal(s) supervised daily? _____ Is a shelter available at all times? _____ If yes, give type _____
- 5.) Has any insurance company ever cancelled any insurance or refused to insure any animal(s) in which you have or had an insurable interest? _____ If yes, give details _____
- 6.) Has there been any illness, injury or death to bull/cow or any other cattle owned by you in the past 36 months? _____ If yes, give details. _____
- 7.) Has insurance on this animal(s) been turned down by any veterinarian or insurance company? _____
- 8.) Was this animal previously insured or is it presently insured by you or any of its owners applying for insurance? _____ If yes, indicate when, expiration date, for what amount and company's name(s) _____
- 9.) If you are insuring cattle for more than the purchase price, the amount of insurance must be justified by performance record and winnings after the purchase, breeding fee if cow is bred or number of cows bred if a bull. Please give complete information to justify value. _____

I, the undersigned, request insurance on the above cattle listed above. I understand coverage will be subject to the terms and conditions of the Policies to be issued, and I warrant the correctness and truth of the information stated above and declare to the best of my knowledge that during the past three years the animal(s) have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand this application and Statement of Condition shall be the basis of the Insurance Contract and if anything is falsely stated or withheld, the insurance contract could be rendered null and void. I also understand that no coverage will be in effect until the date shown on the policy to be issued and I agree to NOTIFY THE COMPANY IMMEDIATELY SHOULD THERE BE ANY INJURY, ILLNESS OR POTENTIAL CLAIM involving the cattle insured.

DATE _____

SIGNATURE _____