

# JUSTIN INSURANCE

PHONE 800-972-0272

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## BUCKING STOCK QUESTIONNAIRE

INSURED'S NAME: \_\_\_\_\_

ANIMALS NAME \_\_\_\_\_

BULL ( ) COW ( )

VET EXAM REQUIRED YES ( ) NO ( )

### PERFORMANCE QUESTIONS

Is animal used for: Bucking ( ) Breeding ( )

If animal is being bucked answer the following:

How many times has animal bucked in last 6 months? \_\_\_\_\_

List most recent scores and dates:

Score & date \_\_\_\_\_ Score & date \_\_\_\_\_

Score & date \_\_\_\_\_ Score & date \_\_\_\_\_

Level of competition (PBR, Futurity etc.)? \_\_\_\_\_

Any titles or awards? \_\_\_\_\_

### COMPLETE FOR BULLS ONLY

Is the bull being used for breeding? Yes ( ) No ( )

If yes, please answer the following:

Method of breeding: AI ( ) Live Cover ( ) Both ( )

Pasture breeding? Yes ( ) No ( )

Number of cows bred last year? \_\_\_\_\_ Number conceived? \_\_\_\_\_

**75% FERTILITY IS REQUIRED TO BE ELIGIBLE FOR INSURANCE**

Number of straws frozen/stored \_\_\_\_\_ Price per straw? \_\_\_\_\_

Date last collected? \_\_\_\_\_

Locations of frozen/stored semen? \_\_\_\_\_

### DECLARATION OF HEALTH

To the best of your knowledge is this animal healthy and normal in all respects? Yes ( ) No ( )

Has animal had any illness, lameness or injury during the last twelve months? Yes ( ) No ( )

Has the animal seen a veterinarian for anything other than routine care? Yes ( ) No ( )

Has animal been exposed to any infectious diseases recently or has there been any infectious diseases on ranch?

Yes ( ) No ( )

Have you already or are you planning to have this animal cloned? Yes ( ) No ( )

#### **\*\*\*\*\*IMPORTANT NOTICE REGARDING BULL INSURANCE\*\*\*\*\***

**THE COMBINED VALUE OF THE REQUESTED INSURANCE AND ANY FROZEN/STORED SEMEN MUST NOT EXCEED THE BULL'S CURRENT MARKET VALUE. IF THERE IS A CLAIM, THE AMOUNT PAID UNDER THIS POLICY MAY BE REDUCED TO REFLECT THE ADDITIONAL VALUE OF SEMEN THAT MAY BE FROZEN.**

**FERTILITY COVERAGE IS NOT AVAILABLE ON BULLS.**

I, the undersigned request insurance on the livestock listed above. I declare that the animal is healthy as stated. 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. I understand that if anything is falsely stated or withheld, the insurance contract could be rendered null and void. I understand that should there be a claim on a bull, and the combined value of the insurance and any frozen/stored semen exceed current market value, the insured value may be reduced. I also understand that no coverage will be in effect until the date shown on the policy to be issued and agree to notify the company immediately should there be any injury or illness involving the livestock insured.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**THE COVERAGE REQUESTED IS CONTINGENT UPON RECEIPT AND ACCEPTANCE BY OUR UNDERWRITERS. IF REQUESTED VALUE IS REDUCED BY OUR UNDERWRITERS PRIOR TO THE ISSUANCE OF A POLICY, ANY PREMIUM OVERPAYMENT WILL BE RETURNED.**