



**LIVESTOCK MARKET APPLICATION**

|  |  |
|--|--|
| Producer's Name _____<br>Agency Code _____<br>Mail Address _____<br>City, ST Zip _____<br>Phone (____) _____ - _____<br>Fax (____) _____ - _____<br>E-mail Address _____ | Applicant's Name _____<br>Mail Address _____<br>City, ST Zip _____<br>Phone (____) _____ - _____<br>Fax (____) _____ - _____<br>E-Mail Address _____ |
|--|--|

|   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation<br><input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ | Year Business Started _____ |
|---|-----------------------------|

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

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:  
 Alabama     Maine     Montana     New Mexico     Oregon     Vermont  
 Colorado     Minnesota     Nebraska     North Dakota     South Dakota     West Virginia  
 Idaho     Mississippi     New Hampshire     Oklahoma     Utah     Wyoming  
 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 |
|----------------------|------|---------------------|------|

**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.