

LIVESTOCK MORTALITY INSURANCE APPLICATION

This Application is for Public Auctions Only

<p>EXCALIBUR INSURANCE AGENCY TOM MIKULICE, Agent POST OFFICE BOX 500 HARTLAND, WI 53029</p> <p>Phone: (800) 617 – 2450 Fax: (262) 367 – 4250 Email: Info@excaliburinsurance.com</p> <p>AN APPOINTED AGENT OF STARNET INSURANCE COMPANY</p>

Name: (As it will appear on the policy)	Daytime Telephone Number
Mailing Address:	Evening Telephone Number
	Cell Number
City, State and Zip Code	Email Address

Name and Location of Sale:

Lot	Name of Animal & Registration or Tattoo Number	Breed	Sex	DOB	Purchase Price

Please Note: Animal(s) Cannot Be Insured For More Than The Purchase Price

Address where these animals will be primarily kept? _____

Policy Term Desired (please circle term desired): * 15 DAY POLICY * 30 DAY POLICY * ANNUAL POLICY

Livestock Rates:

General Mortality / Theft
 Ages 91 days to 7 years old
 15 Day Policy: .75%
 30 Day Policy: 1.50%
 Annual Policy: 5.50%

The following surcharges apply to animals under 1 year old or over 7 years old:

Calves (24 hours to 13 days old): 4.00%
 Calves (14 days to 49 days old): 3.00%
 Calves (50 days to 90 days old): 2.00%
 8 Years Old: 1.00%
 9 Years Old: 1.50%

I hereby apply for insurance against loss by death resulting from an accident, illness, or disease. By signing this application I acknowledge that I am aware that if at any time it is discovered that any of the statements of fact contained in this application are falsely stated, the policy may be modified, rescinded, or declared void from its inception and in accordance with any applicable state laws.

ANIMAL(S) MUST BE HEALTHY AND SOUND TO BE INSURED

Please check the appropriate box below. Signer is the:

Buyer Agent Sales Representative

Signature

Date

This is not a binder until accepted by the Insurance Company Representative