APPLICATION FOR INSURANCE WITH AMERICAN LIVE STOCK INSURANCE COMPANY

I/WE _____

of _____
Address Zip Code Telephone

hereby apply for insurance against loss by death resulting from disease or accidental injuries for the term of _____ on the following described animal or animals

Name of Animal	Registration and/or Tattoo Number	Breed / Sex	Use / Birthdate	Purchase Price / Purchase Date	Amount of Insurance	Rate	Premium

In making application for this insurance, I/We declare the above facts confirm my knowledge and also that this insurance has not been refused elsewhere, no other insurance is in effect, or that insurance is in excess of fair market value. I/We declare that I/We are the sole owner of the animal(s) herein described and that the same is now in sound and good condition; and that there is not now, nor has there been any contagious disease in my/our vicinity, and that I/we know of no reason why this insurance should not be granted.

Values based on:
Appraisal ☐ Private Purchase ☐ Auction Purchase ☐

Use Examples - Breeding, Racing, Jumping, Show, Cutting, Pleasure

Signature: _____ Date _____

FOR OFFICE USE ONLY

New ____ Additional ____ Renewal _____

Trainer Name _____

Barn Name _____

Address of Barn _____

Regular Veterinarian's Name _____

Security Measures are in Place ☐

Special Note _____