

Application for Livestock Mortality Insurance

Conover Auction Service, Inc.

Jeanne Conover; Licensed Agent

PO Box 9, Baxter, IA 50028

C: 515-491-1335 • Off: 641-227-3537 • Fax: 641-227-3792

conover@conoverauction.com

Sale: _____

Sale Date: _____

Buyer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

MORTALITY INSURANCE RATES:

\$200 MINIMUM CHARGE PER POLICY

30 Days: 2.60% _____

90 days: 3.9% _____

6 months: 4.3% _____

1 year: 6.5% _____

6+ head: 1 year: 5.85% _____

PREGNANCY INSURANCE

15%: 30 days after birth

17.5%: 6 months after birth
(Need info on Recip)

ADDITIONAL PREMIUMS FOR:

Calves: 2 weeks to 3 months old

Bulls: ages 7 & 8 years of age

Cows: ages 8 & 9 years of age

Lot	Price	Name	DOB	Sex	Tattoo	Breed	Reg. #

New or Add to existing Policy # _____

Signature of Applicant _____ Date _____

Cattle Mortality Insurance Questionnaire

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APPLICANT INFORMATION

Name: _____

1. Have you had any animal mortality claims or losses within the last three (3) years, whether insured or not?

_____ Yes _____ No If Yes, explain _____

2. Has any insurer ever refused, cancelled or non-renewed insurance for you or any of your owned animals?

_____ Yes _____ No

3. Are you insuring other animals with another company/agency? _____ Yes _____ No

If yes, Company/Agency Name: _____ Expiration Date: _____

GENERAL INFORMATION:

1. A. Are you the sole owner of animal(s)? _____ Yes _____ No

B. If no, other owner's name and address: _____

2. A. Is / are animal(s) being leased to _____ or from _____ another party?

B. If yes, provide name and address of lessor/lessee _____

3. A. Do you have care, custody and control of this/these animal (s)? _____ Yes _____ No

B. If no, provide name and address of person who does _____

4. Females: Open _____ Bred _____ Due Date _____

GENERAL MANAGEMENT INFORMATION

4. Has there been/is there any contagious or infectious disease previously or currently on premises or within any cattle?

_____ Yes _____ No; If yes, please provide details: _____

5. Are the cattle penned or pastured? _____ Pen _____ Open Pasture

Inclement weather improvements available? _____ Yes _____ No

6. Is veterinary care readily available in the event of emergency? _____ Yes _____ No

7. Vet proximity distance: _____ miles

8. Usual veterinarian's Name & Address: _____

Phone: _____ Email: _____ Fax: _____

APPLICANT SIGNATURE _____ **DATE** _____

PRINT NAME _____