

Livestock Mortality Insurance

STATEMENT OF CONDITION

INSURED NAME:

INSURED ADDRESS

QUOTE REFERENCE #:

INCEPTION DATE:

#	ANIMAL NAME or ID NUMBER	AGE	SEX	BREED	USE	INTEREST	INSURED VALUE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

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I confirm that as of today's date, to the best of my knowledge, the animal(s) listed in the schedule above (or attached) are confirmed:

to be normal in eye, wind and action and free from lameness: *Initial*

to have not suffered from an accident, illness or injury or shown signs of lameness in the last 12 months: *Initial*

to have no evidence of contagious/infectious disease in the last 12 months: *Initial*

I would consider the animal(s) sound and normal in every other aspect. *Initial*

Otherwise further details are provided below:

SIGNED: _____

DATE: _____