



Dallas
P: (972) 789-1962
F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

ANIMAL MORTALITY APPLICATION

Before any question is answered, read carefully the declaration at the end of this application, which you are required to sign. Answer all questions in full.

Owner's Full Name & Address

Occupation

Specify Horse, Cattle, Sheep, or Pig	SEX Specify Male, Castrated Male, Female or Sterilized Female	FULL DESCRIPTION Specify Name, Breed, Color, Marks and Brands and on what parts of the body. *	AGE (Specify date of birth if under one year)	CASH Specify Price Paid	If purchased, state details of any contingent commission or expense	Date of Purchase	Sum to be Insured

* If necessary, attach a separate sheet.

Where are the above animals normally located?					
Are they stabled at night?		Yes		No	
Will they be kept in enclosed paddock?		Yes		No	
Will they be on OPEN RANGE at any time?		Yes		No	
If yes, indicate time on open range:					
1. a)	For what purposes are the animals kept or employed?				
	Are there any leases or mortgages on any of the animals?	Yes		No	
	If yes, please provide details:				
2. a)	Are the animals healthy?	Yes		No	
	b) Give full particulars of defects of ailments, illness or disease, during the last twelve months.				
3. a)	Is there any contagious or infectious disease on the premises now?	Yes		No	
	b) Has there been any contagious or infectious disease during the past twelve months?	Yes		No	
	c) Is there any, to your knowledge, contagious or infectious disease in the district now?	Yes		No	
	If yes to (a), (b), or (c), please provide details:				

4.	a)	How long have the animals been in your possession or care?				
	b)	Have any of the animals recently been imported into the district?	Yes		No	
		If yes, when and where from?				
5.	a)	Are the animals now insured or have they been previously insured by you or your agent?	Yes		No	
	b)	If yes, please give details, including the names of the Insurers.				
		Has any Insurer ever declined or refused to renew your Livestock Insurance?	Yes		No	
		If yes, please give details.				
6.	a)	Do you have other stock of like category which is not proposed for this insurance?	Yes		No	
	b)	If yes, please give details.				
		If all such stock is not proposed for this insurance (or already insured), state why.				
7.	a)	How many animals have you lost during the last two years, irrespective of class, type or breed?				
	b)	State cause and date of death in each case.				
	c)	Have you been paid claims on livestock at any time?	Yes		No	
		If yes, state how many, amount(s), and name(s) of Insurer(s).				
8.	a)	Name of your Veterinary Surgeon, full address, and telephone number:				
	b)	What is his distance from where the animals are normally located?				
Are there any other circumstances within your knowledge or opinion not already disclosed which affect or are likely to affect the proposed insurance?						

SPECIAL QUESTIONS: MALE ANIMALS

a)	Is any animal to be sold, or let on mortgage, commission, lien or hire?	Yes		No	
	If yes, please give details.				
In respect of each of the animals state:					
b)	Service season beginning and ending dates:				
c)	Present service fee:				
d)	Service fee last season:				
e)	Number of own animals served last season:				
f)	Number of other animals served last season:				
g)	Whether service fee is on "no foal (or offspring)- no fee basis:				
h)	Amount actually earned in last full season:				
i)	Amount actually earned in current season to date:				
j)	Bookings for remainder of current season:				
k)	Bookings for next season:				

SPECIAL QUESTIONS: PREGNANT ANIMALS

a)	Date due to give birth:				
b)	Fee paid for covering:	\$			
c)	Year animal last gave birth:				
d)	Have any of the young been cast, aborted, or stillborn?	Yes	No		
e)	Have you any other pregnant animals of like category?	Yes	No		

SHOW RECORD

During twelve months immediately prior to this proposal.

Name	Number of Entries	Placing	Total Amount Won
			\$
			\$
			\$
			\$
			\$
			\$

DECLARATION

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this application, whether in my hand or not, is true and I have not withheld any materials facts.

I understand that non-disclosure or misrepresentation of a material fact will entitle the Company to void the insurance.
(Note: A material fact is one likely to influence acceptance or assessment of this application by the Company; if you are in any doubt as to what constitutes a material fact, you should consult your agent.)

I understand that the signing of this application does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application and the statements made therein shall form the basis of the contract.

Signature of Owner/Applicant: _____ Date: _____

INSTRUCTIONS TO VETERINARY SURGEON

It is required in every case that each animal shall be examined outside the stall and that is should be made to move about to demonstrate soundness of limbs and freedom of action. Animals having vicious habits, that have suffered recurrent attacks of colic or bleeding, that are tuberculosis or that have been un-nerved, are not insurable. Careful observation and inquiry should be made as to housing conditions and the presence of contagious or infectious disease.

VETERINARY CERTIFICATE

I, _____ DO HEREBY CERTIFY that I have this day examined the:

Breed	Color	Sex	Age	Named	Sire	Dam	Markings Owned by

a)	Is any female pregnant?	Yes	No	
b)	If yes, state which one(s) and expectant date and any symptoms detrimental to satisfactory breeding:			
Does any female have a history of abortion?		Yes	No	
Are pulse and respiration of each animal normal?		Yes	No	
Are both eyes of each animal perfect?		Yes	No	
Has animal been tested for tuberculosis?		Yes	No	
Does any animal manifest any indication of lameness or faulty conformation in any of its legs or feet?		Yes	No	
Is any animal subject to attacks of colic, bleeding, or viciousness?		Yes	No	
Is there, to your knowledge, any contagious or infectious disease in the district?		Yes	No	
a)	Has any operation been performed on any animal?	Yes	No	
b)	If yes, please give details and state date, whether fully recovered and whether there is any likelihood or future danger to life as a result of such operation?			
In regards to horses, has the heart been auscultated, before and after exercise, and found normal?		Yes	No	

REMARKS

I found the housing to be: _____

I ☐ discovered ☐ did not discover ☐ contagious or infectious disease present; and except as noted above, I hereby certify that each animal is in sound health.

Signed _____
Qualifications: _____

Date of Examination: _____