The Hartford Livestock Department
1-800-295-1815
www.thehartford.com/livestock

Pasture Cattle Application

The Hartford
GLOBAL SPECIALTY | LIVESTOCK

SECTION 1: PRODUCER / AGENCY / BROKER INFORMATION

Name		Phone	
Agency Code		Mobile	
Mail Address		Fax	
City, ST, Zip		Email	

SECTION 2: APPLICANT INFORMATION

Name		Phone	
Mail Address		Mobile	
City, ST, Zip		Fax	
Contact		Email	

Entity Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Corporation
☐ Other:

Year Business Started: **Proposed Effective Date:**

Inspection Contact:

SECTION 3: COVERAGE FORM REQUESTED

Coverage Descriptions are provided on the last page.

☑ Livestock Feeding and Growing Facility Coverage Form (LS 00 24)

SECTION 4: REPORTING / PAYMENT, DEDUCTIBLE, OPTIONAL COVERAGE, LISTED LOCATIONS, COVERED LIVESTOCK

Reporting Period / Payment Option Requested

☐ Annual ☐ Seasonal ☐ Monthly (Deposit required - risk must qualify for monthly reporting - continuous until cancelled)

Other:

If Seasonal: ☐ Winter Term (10/1-4/30) ☐ Summer Term (5/1-9/30) ☐ Mixed Term (dates requested):

Term dates shown are the standard dates for the term chosen. Actual dates of coverage may vary depending on the date all binding requirements have been met and approved by the Company. Seasonal pasture policies premium is fully earned.

Per "Loss Occurrence" Deductible(s) Requested: $

Optional Coverage Requested

☐ Livestock Born at Listed Locations ☐ Smothering Exclusion ☐ Theft Exclusion ☐ Remove Terrorism Exclusion

☐ Other:

Are there any animals at any listed location(s) that are not included in this application? ☐ Yes ☐ No

If Yes, explain:

Reporting and coinsurance notice: The listed locations and number of cattle at each location must be accurately reported when coverage begins. You must report any change to a listed location or the number of cattle at that location to us so the policy can be updated for coverage to apply to the change. If the number of cattle reported is less than the number that should have been reported, the policy's coinsurance provision may reduce the amount payable for a covered loss.

Applicant's initials: I have read and understand this notice.

Description of Listed Locations and Covered Livestock

Listed Location No.	County	ST	**Type of Cattle	Brand	Per Head Weight	No. of Head	Average Value Per Head

**For Type of Cattle, indicate: Steers (S), Heifers (H), Cows (C), Bulls (B), or Calves (CV)

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SECTION 5: GENERAL QUESTIONS AND INFORMATION

1. Where were the Cattle received from?

2. When were the Cattle received?

3. Are the Cattle acclimated to their current location? ☐ Yes ☐ No

4. What is / are the Cattle Breed(s)?

5. Do you own or lease the Pasture? (If any Pasture is leased, please also provide the lessor's name, address, and phone number.)

6. Is the Pasture all Grass Pasture? ☐ Yes ☐ No

7. Is the Pasture in the Public Domain? ☐ Yes ☐ No

a. Is this BLM or USFS ground? ☐ Yes ☐ No **b.** Allotment size (acres or square miles):

8. Does the property contain any rivers, streams, large dams, or dry washes? If Yes, describe: ☐ Yes ☐ No

9. List all equipment that is available on your premises to care for and feed cattle in the event of a storm:

10. Is any of the equipment used in feeding out of pen cattle used for any other purpose? If Yes, for what purpose? ☐ Yes ☐ No

11. Who resides on the premises?

☐ Applicant (You) ☐ Manager ☐ Hired Help ☐ Other:

12. Are all locations easily accessible by road? ☐ Yes ☐ No

13. Are there shelters and / or windbreaks at all locations to protect the cattle? ☐ Yes ☐ No

14. Are exterior gates locked? ☐ Yes ☐ No

15. How often are the cattle checked? By whom?

16. Please provide the Name and Address of any Loss Payee(s):

17. Name, Address, and Phone Number of the Licensed Veterinarian to be used on Claims:

18. Do you own, operate, or have a financial interest in any other similar operation? If Yes, please advise the entity name and describe the operation: ☐ Yes ☐ No

19. Do you currently have any outstanding judgments or past due accounts? If Yes, please explain: ☐ Yes ☐ No

20. Describe your plan for moving or protecting cattle in the event of wildfire, flood, or other foreseeable threat, including available transport, labor, and an alternate location:

21. Is any listed location in a designated flood plain, or has it flooded in the last 10 years? If Yes, explain: ☐ Yes ☐ No

22. Has any listed location been subject to a wildfire evacuation order or burned in the last 10 years? If Yes, explain: ☐ Yes ☐ No

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SECTION 6: PRIOR INSURANCE AND LOSS HISTORY

1. Name of current pasture cattle insurer: Expiration Date:

2. Have you ever been canceled or non-renewed by an insurance company? (Not applicable in Missouri) ☐ Yes ☐ No

If Yes, explain:

3. LOSS HISTORY: Please list all losses sustained in the last five years.

Date of Loss	Cause of Loss	Amount of Loss

SECTION 7: GENERAL AGREEMENTS

1. Do you agree to notify the Agent or Company immediately and not later than 24 hours after a loss? ☐ Yes ☐ No

2. Do you agree not to move cattle from the location of death until authorized by us, unless legally required to do so? ☐ Yes ☐ No

3. At your expense, do you agree to have a licensed veterinarian who is not you or your employee perform a necropsy on 20 percent of the total number of dead cattle in a loss, and to provide us a written report for each animal on the necropsy form we supply? ☐ Yes ☐ No

4. Do you agree to take all reasonable steps to protect the cattle from a known or foreseeable threat, including moving them when safe to do so, and to notify us before any removal begins? ☐ Yes ☐ No

5. Do you agree to notify the Agent or Company of any change in the listed location(s) or in the inventory of Covered Livestock? ☐ Yes ☐ No

- Insurance on Pasture Cattle shall expire at 12:01 a.m. on the day of , 20
- Coverage shall not become effective until after this Application has been signed by both the Applicant and Agent **and** approved by Us.

Please attach a diagram of the listed location(s) showing any structures and windbreaks.

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SECTION 8: PRIVACY AND PERSONAL INFORMATION NOTICES, INSURANCE FRAUD WARNINGS, SIGNATURES

A copy of the Notice of Information Practices (Privacy) has been given to the Applicant. (Not required in all States, contact your producer for your State's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES – PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR PRODUCERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR PRODUCER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

INSURANCE FRAUD WARNING STATEMENTS

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND, and WEST VIRGINIA APPLICANTS: Any person who knowingly (or willfully in Maryland) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in Maryland) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ATTENTION COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Colorado Department of Regulatory Agencies.

ATTENTION FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

ATTENTION KANSAS APPLICANTS: Insurance fraud is a criminal offense in Kansas. A "Fraudulent Insurance Act" means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

ATTENTION KENTUCKY, OHIO, and PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ATTENTION LOUISIANA, MAINE, TENNESSEE, VIRGINIA, and WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

ATTENTION NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

ATTENTION OKLAHOMA APPLICANTS: Warning, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

ATTENTION OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) By submitting an application or: (2) Filing a claim containing a false statement as to any material fact may be violating state law.

ATTENTION NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Producer's Signature	Date	Producer's Name (Please Print)

Producer's State License Number (Required in Florida)	Producer's National Producer Number (If Applicable)

Applicant's Signature	Date	Applicant's Name (Please Print)

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COVERAGE DESCRIPTIONS

This document outlines in general terms the coverage that may be afforded under a policy from The Hartford. All policies must be examined carefully to determine suitability for your needs and to identify any exclusions, limitations, or other terms and conditions that may specifically affect coverage. In the event of a conflict, the terms and conditions of the policy prevail.

Livestock Feeding and Growing Facility Coverage Form (Form LS 00 24)

LS 00 24 is designed to insure pasture cattle. It provides coverage for the Death of Covered Livestock resulting from direct physical damage to the Covered Livestock caused by a Covered Cause of Loss. LS 00 24 also covers the Theft of Covered Livestock and includes Carcass Removal expense coverage for dead Covered Livestock included in a covered "Loss Occurrence." $2,500 of Carcass Removal coverage is included at no additional premium. Higher per "Loss Occurrence" limits are available and additional premium may apply. There is a premium charge for coverage under LS 00 24.

Pasture Cattle Optional Coverage Endorsements

Livestock Born at Listed Locations (Form LS 20 10)

The Livestock Feeding and Growing Facility Coverage Form (LS 00 24) includes a section in the definition of "Covered Livestock" saying that "Covered Livestock" does not include livestock born at a listed location and less than 6 months old. LS 20 10 removes this coverage restriction. There is an additional premium charge for coverage under LS 20 10.

Smothering Exclusion (Form LS 20 02)

LS 20 02 removes the Smothering Covered Cause of Loss from the Livestock Feeding and Growing Facility Coverage Form (LS 00 24). There is a premium credit for the decreased coverage resulting from LS 20 02.

Theft Exclusion (Form LS 20 52)

LS 20 52 removes the Theft Coverage Extension from the Livestock Feeding and Growing Facility Coverage Form (LS 00 24). Theft coverage is not offered on border locations and no premium decrease applies in those cases. Where theft coverage is offered, a premium decrease may apply.

Certified Act of Terrorism Exclusion (Form LS 99 43)

LS 99 43 is a Certified Acts of Terrorism Exclusion automatically placed on every pasture cattle policy. By selecting "Terrorism Exclusion" on this application, the applicant requests the removal of LS 99 43 from their pasture cattle policy. There is an additional premium charge for this selection to remove LS 99 43.

Keep in Mind: The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under an issued policy, such as but not limited to losses excluded by the "Disease" Exclusion, Contaminated Feed or Water Exclusion, Utility Services Exclusion, Nuclear Hazard Exclusion, or War and Military Action Exclusion.

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