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

Livestock Market Application

The Hartford
GLOBAL SPECIALTY | LIVESTOCK

SECTION 1 – PRODUCER (AGENCY) INFORMATION

Agency Name		Producer (Contact) Name	
Agency Code			
Mailing Address		E-mail Address	
City, State, ZIP		Phone	
Fax			

SECTION 2 – APPLICANT INFORMATION

Applicant's Name		Year Business Started	
Mailing Address		Proposed Effective Date	
City, State, ZIP		Phone	
E-mail Address		Fax	
Inspection Contact		Inspection Contact Phone	
Location of Premises		Protection Class Rating	

Entity Type: ○ Individual ○ Partnership ○ Corporation ○ Joint Venture ○ Limited Liability Company
○ Other (describe):

Billing: ○ Agency Bill ○ Direct Bill Rate(s)

SECTION 3 – COVERAGE REQUESTED

Transit: ○ Limited Named Peril (LS 00 21) **OR** ○ Broad (LS 00 20)

Premises: ○ Limited Named Peril (LS 00 23) **OR** ○ Broad (LS 00 22)

Optional Coverage Form Requested: ☐ Mortgaged and Stolen Livestock (LS 00 28) ☐ Other:

Optional Endorsement(s) Requested:

Are Packers and Stockyards (P&S) Bonds required with this application? ○ Yes ○ No
If Yes, attach the Livestock Bond Application.

SECTION 4 – MARKET OPERATIONS

1. (a) Does the applicant receive animals from any of the following states? ○ Yes ○ No

If Yes, check all that apply:

☐ Alabama	☐ Colorado	☐ Idaho	☐ Louisiana	☐ Maine	☐ Minnesota
☐ Mississippi	☐ Montana	☐ Nebraska	☐ New Hampshire	☐ New Mexico	☐ North Dakota
☐ Oklahoma	☐ Oregon	☐ South Dakota	☐ Utah	☐ Vermont	☐ West Virginia
☐ Wyoming					

(b) Has the applicant registered with the Central Filing System of such state(s), and does the applicant regularly receive Notices of Livestock Liens? ○ Yes ○ No
If No, explain:

(c) Has the applicant established office procedures to properly process the Notices of Livestock Liens? ○ Yes ○ No
If No, explain:

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2. Specify all methods of marketing at this location:

(a) Auction

Sale day schedule:

Approximate number of animals handled per week:

Cattle Hogs Sheep Horses and/or Mules

(b) Special Sales

Auction Private Sale

Number of animals sold annually:

Cattle Other (specify)

3. Are there any special valued animals sold at this market? ○ Yes ○ No
   If Yes, explain:
4. Is there any long-term feeding? ○ Yes ○ No
   If Yes, explain:
5. What is the approximate number of miles that animals are hauled to reach the applicant's market?
6. What is the approximate length of time that animals remain on the applicant's premises after arrival?

ATTACH A DIAGRAM AND PHOTOS OF THE MARKET SHOWING THE LOCATIONS OF ALL STRUCTURES.

SECTION 5 – PREMISES AND SECURITY

7. What is the construction type of the yards? ☐ Wood ☐ Metal ☐ Concrete ☐ Other
8. Describe the loading and unloading facilities:
9. Will all outside gates be locked when not in use? ○ Yes ○ No
10. Describe any other security measures currently in place:
11. Does the arrangement of pens and alleys allow for proper access to exits for the removal of animals in the event of fire or other emergency? ○ Yes ○ No
    If No, explain:

    What is the number of exits?
12. Describe any combustible exposures and their location on the premises:
13. Number of miles from the responding fire department:

SECTION 6 – GENERAL INFORMATION AND LOSS HISTORY

14. Loss Payee(s) (name and address):
15. Does the applicant own, operate or have a financial interest in any other similar operation? ○ Yes ○ No
16. Does the applicant have any other insurance with The Hartford? ○ Yes ○ No
17. Name of current livestock market insurance carrier: Policy Number:
18. Has the applicant ever been canceled or non-renewed by an insurance company? (Not applicable in Missouri) ○ Yes ○ No
19. Please provide a five-year loss history:

Year	Premium	Amount of Losses

If Yes to question(s) 15, 16 or 18, explain:

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SECTION 7 – 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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