The Hartford

# LIVESTOCK EXCESS CARGO APPLICATION

## 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 _____

**Year Business Started:** _____ **If this is a New Venture, please provide the Motor Vehicle Record (MVR) for each driver.** Email _____

**Proposed Effective Date:** _____

**Contact:** _____

**Entity Type:** ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation

## SECTION 3: COVERAGE FORM(S) REQUESTED

**Livestock Transit Coverage Form:** ○ Limited Causes of Loss (LS 00 21) **OR** ○ Broad Causes of Loss (LS 00 20)

**(Non-Livestock) Additionally Covered Property in Transit Coverage Form:** ○ Limited Causes of Loss (LS 00 27) **OR** ○ Broad Causes of Loss (LS 00 26)

## PAYMENT FREQUENCY

**Payment Frequency:** ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly

## SECTION 4: LIVESTOCK TRANSIT - COVERAGE EXTENSIONS AND ADDITIONAL COVERAGE

**Included Coverage Extensions:** Substitution of Vehicles | Carcass Removal | Refusal of Shipment | Special Value Cattle $3,500 per head limit

**Optional Coverage Extensions:**

☐ Deck Collapse (Only Available with Livestock Limited Named Perils LS 00 21)

☐ Special Value Cattle $5,000 per head

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## SECTION 5: TYPE OF LIVESTOCK HAULED

For each indicated type of livestock hauled, in the space provided, show the annual percentage of all livestock loads.

### Cattle:

- ☐ Feeder Cattle ____ %
- ☐ Fat Cattle ____ %
- ☐ Baby Calves ____ %
- ☐ Non-Registered Breeding Cattle ____ %
- ☐ Registered Breeding Cattle ____ %
- ☐ Milking Cows ____ %
- ☐ Cull Cows / Bulls ____ %
- ☐ Replacement Dairy Heifers ____ %
- ☐ Wagyu Cattle ____ %

### Swine:

- ☐ Pre-Wean / Weaned Swine ____ %
- ☐ Feeder / Grower Swine ____ %
- ☐ Finishing Swine ____ %
- ☐ Replacement Gilts ____ %
- ☐ Sows / Boars ____ %

### Sheep/Goats:

- ☐ Sheep / Goats ____ % *Specify Type:* _____

### Bison:

- ☐ Bison Cows ____ %
- ☐ Bison Bulls ____ %
- ☐ Bison Calves ____ %
- ☐ Bison Slaughter ____ %

### Other:

- ☐ Other Cull Livestock ____ % *Specify Type:* _____
- ☐ Rodeo Stock ____ % *Specify Type:* _____
- ☐ Poultry ____ % *Specify Type:* _____
- ☐ Special Value Livestock ____ % *Specify Type:* _____
- ☐ Horses / Donkeys / Mules ____ % *Specify Type:* _____
- ☐ Other ____ % *Specify Type:* _____

## SECTION 6: ADDITIONALLY COVERED PROPERTY IN TRANSIT COVERAGE

**Limit of Insurance Requested on Any One Transporting Vehicle:** **$** _____

**Actual Value of Commodities Hauled:** **$** _____

### Additionally Covered Property in Transit - Included Coverage Extensions

Substitution of Vehicles | Debris Removal $15,000 limit | Your Property on Your Vehicles

For each selected commodity, show the annual percentage of loads that include that commodity.

- ☐ Grains ____ %
- ☐ Seed ____ %
- ☐ Livestock Feeds ____ %
- ☐ Feed Supplements ____ %
- ☐ Dry Fertilizers ____ %
- ☐ Agricultural Chemicals ____ %
- ☐ Non-Refrigerated Ag Produce or Products ____ %
- ☐ Other ____ % *Specify Type:* _____

**Please Provide the Name, Address, and Email of any Loss Payee(s):**

_____

_____

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## SECTION 7: GENERAL QUESTIONS AND INFORMATION

1. How many years of commercial driving experience do you have?

2. If hauling livestock, how many years of livestock hauling experience do you have?

**If there are multiple drivers, please attach a separate page with the commercial driving experience and livestock hauling experience for each driver.**

3. Are filings required in the states where you operate? ☐ Yes ☐ No **If Yes, list states:** _____

4. Specify how your name appears on the state filings: _____

5. Please provide the US DOT Filing # and the MC Filing #: US DOT Filing #: _____ MC Filing #: _____

6. In Miles: Average Hauling Distance per Trip: _____ Maximum Hauling Distance per Trip: _____

7. Estimated Loaded Miles per Year: _____

8. Who performs vehicle maintenance and repairs? Please list all vehicle maintenance and repair providers:

_____

9. Do you own, operate, or have a financial interest in any other similar operation? ☐ Yes ☐ No If Yes, explain: _____

10. Indicate if you haul for any of the following: ☐ Packer(s) ☐ Order Buyer(s) ☐ Dealer(s) ☐ Farmer(s)

11. Do you only haul Livestock and Commodities you own, not for hire? ☐ Yes ☐ No

12. Please Provide the Name, Address, and Email of any Additional Insured(s):

_____

_____

## SECTION 8: PRIOR INSURANCE AND LOSS HISTORY

**1. Name of current cargo insurance carrier:** _____ **Expiration Date:** _____

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

**If Yes, explain:** _____

## LOSS HISTORY

List all losses sustained during the last five years. If none, enter None under Date of Loss. If losses involve a collision/upset, Loss Runs are required.

| | | |
|---|---|---|
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| | | |

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## SECTION 9: TRANSPORTING VEHICLES

| | Year | Make | Type | | Serial Number (Last 6 Digits) |
|---|---|---|---|---|---|
| 1. | | Various Carriers | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 2. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 3. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 4. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 5. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 6. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 7. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 8. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 9. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 10. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 11. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 12. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 13. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 14. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |
| 15. | | | ☐ Tractor<br>☐ Truck<br>☐ Pick-Up | ☐ Multi-Deck Trailer<br>☐ Single Deck Trailer<br>☐ Gooseneck Trailer – Length _____ | |

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## SECTION 10: 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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## LIVESTOCK TRANSIT COVERAGE FORMS

**Livestock Transit Coverage Form – Limited Causes of Loss (Form LS 00 21)**

**LS 00 21** covers the Death or Crippling of Covered Livestock while the Covered Livestock are in due course of transit. Such Death or Crippling must result from direct physical damage to the Covered Livestock caused by a listed Covered Cause of Loss. There is a premium charge for coverage under LS 00 21.

**Livestock Transit Coverage Form – Broad Causes of Loss (Form LS 00 20)**

**LS 00 20** covers the Death or Crippling of Covered Livestock while the Covered Livestock are in due course of transit. Such Death or Crippling must result from direct physical damage to the Covered Livestock caused by a non-excluded Covered Cause of Loss. LS 00 20 provides broader coverage than LS 00 21 and the premium charge is also higher.

## LIVESTOCK TRANSIT ENDORSEMENTS

**Coverage Extension – Substitution of Vehicles (Form LS 20 06)**

**LS 20 06** endorses the Livestock Transit Coverage Forms – LS 00 21 or LS 00 20. This endorsement extends coverage to a temporary substitute vehicle used when a listed transporting vehicle is disabled or replaced.

**Coverage Extension – Carcass Removal (Form LS 20 55)**

**LS 20 55** endorses the Livestock Transit Coverage Forms – LS 00 21 or LS 00 20. This endorsement extends coverage to pay the reasonable expenses incurred to remove the carcasses of dead Covered Livestock, if such deaths were caused by a Covered Cause of Loss.

**Coverage Extension – Refusal of Shipment Coverage (LS 20 15)**

**LS 20 15** endorses the Livestock Transit Coverage Forms – LS 00 21 or LS 00 20. This endorsement extends coverage for the depreciation of Covered Livestock value. Such depreciation must result from direct physical damage to the Covered Livestock caused by a Covered Cause of Loss insured under the applicable Livestock Transit Coverage Form which ultimately results in the consignee's refusal to accept the entire shipment.

**Special Value Cattle Endorsement (LS 20 56)**

**LS 20 56** endorses the Livestock Transit Coverage Forms – LS 00 21 or LS 00 20. This endorsement defines Special Value Cattle as cattle with a higher value than standard market cattle because their type or category is Registered, Natural, Organic, Certified, Verified, Wagyu, Kobe, or Breeding Stock. It then modifies the Current Market Value definition, valuing such cattle at their substantiated current per head value up to a $3,500 limit per head. For an additional premium charge, a $5,000 limit per head may be selected.

**Deck Collapse – Covered Cause of Loss (Form LS 20 12)**

**LS 20 12** may be selected to increase coverage under the Livestock Transit Coverage Form – Limited Causes of Loss (LS 00 21). This endorsement adds Deck Collapse as a Covered Cause of Loss to LS 00 21. Deck Collapse means the total or partial collapse of the upper deck(s) on a multi-level transporting vehicle. There is an additional premium charge for coverage under LS 20 12.

## ADDITIONALLY COVERED PROPERTY IN TRANSIT COVERAGE FORMS (ACP)

**Additionally Covered Property in Transit Coverage Form – Limited Causes of Loss (Form LS 00 27)**

**LS 00 27** covers the loss of Covered Property while in due course of transit. Such loss must result from direct physical damage to the Covered Property caused by a listed Covered Cause of Loss. There is a premium charge for coverage under LS 00 27.

**Additionally Covered Property in Transit Coverage Form – Broad Causes of Loss (Form LS 00 26)**

**LS 00 26** covers the loss of Covered Property while in due course of transit. Such loss must result from direct physical damage to the Covered Property caused by a non-excluded Covered Cause of Loss. LS 00 26 provides broader coverage than LS 00 27 and the premium charge is also higher.

## ADDITIONALLY COVERED PROPERTY IN TRANSIT ENDORSEMENTS

**Coverage Extension – Substitution of Vehicles (Form LS 20 06)**

**LS 20 06** endorses the ACP Coverage Forms – LS 00 27 or LS 00 26. This endorsement extends coverage to a temporary substitute vehicle used when a listed transporting vehicle is disabled or replaced.

**Coverage Extension – Debris Removal**

Extends coverage under the ACP Coverage Forms – LS 00 27 or LS 00 26. Coverage is extended to pay the reasonable expenses incurred to remove the debris of lost Covered Property, if such loss was caused by a Covered Cause of Loss.

**Coverage Extension – Your Property on Your Vehicles (Form LS 20 11)**

**LS 20 11** endorses the ACP Coverage Forms – LS 00 27 or LS 00 26. This endorsement extends coverage to Covered Property you own or have sold (but not yet delivered) while in due course of transit.

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