

4H & FFA ANIMAL MORTALITY INSURANCE APPLICATION

NAMED INSURED:
INSURED is a member of: (Identify 4H or FFA Club)

 Name

 Address

 City, State, Zip Code

 Name

 Address

 City, State, Zip Code

Description of Animal(s)

Age (Months)	Gender (M/F)	Type of Animal	Breed	Tattoo, Brand, Ear Tag	Purpose (Breeding, Dairy, Market)	Actual Cash Value (Not to exceed \$2,500)	Rate	Premium (Actual Cash Value x Rate)
							.11	\$
							.11	\$
							.11	\$
							.11	\$

Total Premium: \$ _____

- **Please attach a photocopy of your “Bill of Sale” for each animal insured. If bill of sale is not included, this can delay policy issuance and may also result in the application being returned.**
- **In consideration of the rate of premium and term of this policy, the entire premium will be deemed to have been fully earned by the Company at the inception date of this policy.**
- **There will be no refund of premium when an indemnification payment is made, or upon cancellation or reduction of coverage made at the policyholder’s request.**
- **This is a TERM policy and is not renewable without submission of a new application and premium.**

Loss, if any (subject to all terms and conditions of the policy if issued) is payable to:

 Name

 Address

 City, State, Zip Code

 Phone

(Please complete page two of this application.)

REPRESENTATIONS

If a question does not pertain to your animal, write N/A (Not-Applicable).

1. Are all animals herein free from disease and/or injuries, and are they in good health? ____ If not, give full information _____

2. Has there been any blackleg, Bang's disease, tuberculosis, anthrax, or any other contagious or communicable disease on the premises where these animals will be kept within the two-year period prior to the date of this application? _____ If so, give full information:

3. Have your animals passed a negative test for:
Bang's disease? _____ Date: _____
Tuberculosis? _____ Date: _____
Exceptions: _____

4. Have your animals been vaccinated for:
Blackleg? _____ Date: _____
Bang's Disease? _____ Date: _____
If several dates: _____

5. Will you take the best possible care of your animals to prevent sickness and/or death? _____

6. In the event of illness or injury, will the animals listed herein receive the care of a veterinarian? _____

7. In case of illness, injury, or death of the animals listed herein, will you notify your 4-H Club Leader or Chapter Advisor as soon as possible? _____

I enclose herewith \$ _____ for premium payable to Farm Bureau Financial Services. I understand that if this application is approved and accepted, that a policy will be issued to me insuring the animals described herein against loss by death, subject to the conditions and exclusions of the policy.

FRAUD STATEMENT TO 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.

Date of Application _____

Proposed Effective Date _____

I have examined this applicant and the animal(s) listed, and find the application to be correct and animal(s) in good health:

To the best of my knowledge the information contained in this application is true and correct:

Signature of 4H/FFA Leader or Advisor

Signature of Applicant

Address

Telephone Number

Organization

Telephone Number

**Please return this form with the premium check payable to: Farm Bureau Financial Services
2627 KFB Plaza
Manhattan, KS 66503**

For questions and claims contact the Commercial Call Center at: 1-800-526-7270

Property-casualty insurance products offered through Western Agricultural Insurance Company*, West Des Moines, Iowa
*Company of Farm Bureau Financial Services