

Specialty Livestock Mortality Coverage

Since 1995 We have been helping breeders by offering livestock mortality insurance. We are now thrilled to offer the products of Markel, Lloyds of London. If you need to control the risk of your new herd bull or donor female, drop us a line, we can help insure that you sleep easy at night.

Livestock Mortality

Insurance coverage can protect you and your business from the financial loss associated with risk as an animal owner. There are many different types of insurance to consider when looking to protect your assets, and that is why we are here to help you choose from our flexible options to customize the protection against risk and loss of your animals.

All Risks of Mortality is a type of insurance coverage that automatically covers all risks that the insurance contract does not explicitly exclude. The Livestock Mortality policy provides that security and peace of mind when owning livestock.

Specified Perils provides another option for your security against risk to owned livestock. Specific causes of loss are outlined in the policy, so ask us how Specified Perils could be an alternative solution.

Base Rates for Full Mortality Coverage

Beef Class, Any Use

Policy Period Rates

| Sex | Age | Annual | 30 Days | 90 Days | 180 Days |
|---------------|-----------------------------|---------------|----------------|----------------|-----------------|
| Any | 14 Days thru 49 Days | 10.5% | 4.2% | 6.30% | 7.0% |
| Any | 50 Days thru 90 Days | 8.5% | 3.4% | 5.1% | 5.7% |
| Bull | 91 Days thru 6 years | 6.5% | 2.6% | 3.9% | 4.3% |
| Bull | 7 Years | 7.5% | 3.0% | 4.5% | 5.0% |
| Bull | 8 Years | 8.5% | 3.4% | 5.1% | 5.7% |
| Female | 91 Days thru 7 Years | 6.5% | 2.6% | 3.9% | 4.3% |
| Female | 8 Years | 7.5% | 3.0% | 4.5% | 5.0% |
| Female | 9 Years | 8.5% | 3.4% | 5.1% | 5.7% |

Livestock Specified Perils Rating Plan

Specified Perils Only 1.00%

Optional Perils 0.25%

\$200 minimum ***policy*** premium

Application for Livestock Mortality Insurance

I. Applicant Information

Name(as it should appear on policy) _____

Farm or Ranch Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone - Day: _____ Email: _____

1. Proposed effective date _____ Existing Policy # _____

2. Are you applying for a new policy or to endorse an existing policy? New Existing _____

3. a. Have you had any animal mortality claims or losses within the last three(3) years, whether insured or not? Yes NO

4. a. Has any insurer ever refused, canceled or non-renewed insurance for you or any or your owned animals? Yes NO

b. If yes, provide full details _____

5. a. Are you insuring other animals with another company/agency Yes NO

b. If YES, Company/Agency _____ Expiration Date of Policy _____

II. Coverage Information

Coverage requested Full Mortality Specified Perils Optional Perils Theft Coverage

III. General Information

1. a. Are you the sole owner? Yes NO

b. If NO, other owners name and address _____

2. a. Is/are animal(s) being leased to or from another party.

b. If yes provide name and address of lessor /lessee _____

3. a. Do you have care, custody and control of this/these animal(s) Yes NO

b. If no, provide name and address of person who does... _____

IV. General Management Information

4. Has there been/is there any contagious or infectious disease previously or currently on premises or within any cattle Yes NO

If yes, please provide details _____

5. Are cattle penned or pastured? Pen Pasture Inclement weather improvements available? Yes NO

6. Describe supervision & Surveillance(day and night) _____

7. Describe management practices for inclement weather _____

8. Is Veterinary care readily available in the event of emergency? Yes NO

9. Usual Veterinarian's Name and Address: _____

Phone: _____

V. Health Questions(to be answered by Applicant)

10. To your knowledge, have any cattle listed suffered any accident, illness, injury, disease or lameness and had any veterinary treatment?

Yes NO *If yes, please provide details* _____

11. Have any cattle listed received any medication(s) either than preventative annual vaccines, for any accident, illness injury, disease or lameness condition? Yes NO Preventative Maintenance Treatment

If yes, please provide specifics, including cattle ID, condition, applicable limb/joint, frequency, duration

12. Any congenital or hereditary birth defects known to exist in cattle listed?(respiratory, milking, breeding, neurologic, skeletal, spinal, conformational problems) Yes NO

If yes: Condition _____ Tested? _____ Results _____

13. Does a program exist and do listed cattle receive recommended inoculations and boosters and remain on regular deworming program administered, supervised or recommended by your regular Veterinarian? Yes NO

Applicaton for Livestock Mortality Insurance Cattle Supplement

Name(as it should appear on policy) _____

Policy Term

| | | | | | | | |
|---|------------------------|-------------|-------|---------------|----------------|----------------|------------|
| 1 | Lot | Animal Name | | Date of Birth | Purchase Price | Amount Insured | Rate |
| | Registration or Tattoo | | Breed | Sex | Exact Use | Purchase Date | % Interest |

| | | | | | | | |
|---|------------------------|-------------|-------|---------------|----------------|----------------|------------|
| 2 | Lot | Animal Name | | Date of Birth | Purchase Price | Amount Insured | Rate |
| | Registration or Tattoo | | Breed | Sex | Exact Use | Purchase Date | % Interest |

| | | | | | | | |
|---|------------------------|-------------|-------|---------------|----------------|----------------|------------|
| 3 | Lot | Animal Name | | Date of Birth | Purchase Price | Amount Insured | Rate |
| | Registration or Tattoo | | Breed | Sex | Exact Use | Purchase Date | % Interest |

If there are more animals to insure, please attach a schedule

Additional Notes for above _____

The Applicant hereby applies for the coverage checked above and understands than signing this Application does not bind the undersigned to purchase or the Insurer to sell any insurance policy. If a policy is issued this Application and its attachments shall be the basis of such policy and shall be deemed attached to and shall form part of such policy. In making this application, the Policyholder to the proposed Policy. If there are material changes to any statements in this application or its attachments prior to the inception date of the policy, the undersigned shall immediately notify the Insurer of such changes. Upon receipt of such notification, the Insurer shall have the right to modify or withdraw any outstanding terms or proposal.

The owner's statement below must be completed.

I have sole authority to act in all matters involving the insurance coverage including, but not limited to, care and treatment of the animal(s), the acceptance of claims payments, and the issuance of releases. I declare that this insurance has not been declined by another insurer, no other insurance is in effect and the insured value(s) is(are) not in excess of fair market value. I am the sole owner of the animal(s) or the percentage ownership has been designated. The animal(s) described is(are) sound, healthy, in good condition and receiving proper care. The animal(s) listed has(have) not been ill or injured over the past twelve months. There have been no contagious diseases in my area within the past twelve months.

Applicant:

Signed _____ Date: _____

Printed Name _____ Title _____

Agent, broker or producer of this application for coverage(if applicable) Name MARK A SMITH

Signed _____ Date _____

Fraud Warning

For all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

Return to Mark A Smith
mark@grassrootsgenetics.com
515-229-5227

or mail to Mark A Smith
2511 NE 99th Place
Ankeny, IA 50021