



TRUCK TRANSIT LIVESTOCK APPLICATION

This is not a Binder

Producer's Name _____ Agency Code 87- _____ Mail Address _____ City, ST Zip _____ Phone () - _____ Fax () - _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone () - _____ Fax () - _____ E-Mail Address _____
---	--

<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (list partners) _____ <input type="checkbox"/> Limited Liability Corp. <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (please explain) _____	Year Business Started _____
--	-----------------------------

No insurance attaches until this application is approved by the Local Manager to whom it is directed.

To the local manager of the livestock transit department located at:
 Mail Address _____
 City, ST Zip _____

Dear Sir:

Please issue, in my (or our) name for the account or benefit of whom it may concern, a Hartford Truck Transit Livestock policy or policies to cover against death or crippling of all cattle, calves, hogs, sheep, and goats while being transported by me (or us) in an automotive truck listed below from the loading point to the point of sale at

_____	Stock Yards at _____	(Please indicate in this space the markets to which your shipments are consigned. Separate policies will be issued for each market.)
_____	Stock Yards at _____	
_____	Stock Yards at _____	
_____	Stock Yards at _____	
(Name of Stock Yard)	(Street address)	(City, State)

commencing on the day this application will be approved by the Hartford Fire Insurance Company and until the policy or policies shall be terminated as provided therein.

I (or we) hereby certify that the following automotive trucks are now owned or operated by me (or us) and that they are regularly and properly equipped with bodies especially adapted and built for handling livestock when used for that purpose:

MAKE	MODEL YEAR	TONNAGE	STATE LICENSE	DIMENSIONS OF RACK	PLEASE CHECK BELOW THE DESCRIPTION PERTAINING TO THE RACK ON EACH TRUCK OPERATED BY APPLICANT.
1. _____	_____	_____	_____	_____	<input type="checkbox"/> Slatted stock rack all around from the bottom up on trucks number(s): _____
2. _____	_____	_____	_____	_____	<input type="checkbox"/> Grain bed with solid sides on truck number(s): _____
3. _____	_____	_____	_____	_____	In case of rack with solid sides, please answer the following questions: Are front and end gates solid? <input type="checkbox"/> Yes <input type="checkbox"/> No How high are the solid sides and ends reaching up from the bottom? _____ inches. Does the grain bed have removable slats all the way around? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	_____	
5. _____	_____	_____	_____	_____	
6. _____	_____	_____	_____	_____	

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

<u>Date of Loss</u>	<u>Cause of Loss</u>	<u>Amount of Loss</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does applicant own, operate or have financial interest in any other similar operation? Yes No If Yes, explain: _____

Has applicant ever been canceled or nonrenewed by an insurance company? (Not applicable in MO) Yes No If Yes, explain: _____

For Hartford Office Use Only

Date Received: _____	Copies mailed to: _____
Policy No.: _____	Original at: _____

The conditions set forth on reverse side are an integral part of this application.

CONDITIONS SUBJECT TO THIS APPLICATION

I (or we) agree to issue upon request, bills of lading to the owner when livestock are accepted for transportation, showing the number of head, kind of stock, and consignee on forms furnished for this purpose. I (or we) further agree to report on forms furnished for this purpose all livestock trucked by me (or us) to the aforesaid Stock Yards, and I (or we) guarantee that premiums on such livestock shall be paid to the HARTFORD FIRE INSURANCE COMPANY or to its duly accredited representative upon arrival of each truckload at destination in accordance with the established rates charged by the HARTFORD FIRE INSURANCE COMPANY for this insurance.

While I (or we) agree that livestock hauled in any equipment added to or substituted for the above described equipment will be automatically insured without giving notice of such change, I (or we) agree to furnish a complete description of such additional or such substituted equipment upon request of the HARTFORD FIRE INSURANCE COMPANY. I (or we) also agree that such added or substituted equipment shall be properly equipped for hauling livestock when used for that purpose.

In case of loss, I (or we) further agree, upon request of the HARTFORD FIRE INSURANCE COMPANY to secure, from the owner of the livestock killed or crippled during transportation, a statement and proof of loss on forms provided by the HARTFORD FIRE INSURANCE COMPANY and to furnish a statement from the driver of the truck verifying the fact that the livestock was in good, normal healthy condition when loaded and the livestock was transported with due care and regard for its safety and proper preservation.

SIGNS FURNISHED POLICYHOLDERS

I (or we) hereby agree and understand that any signs furnished by this company for the purpose of marking trucks carrying insured livestock are the property of the HARTFORD FIRE INSURANCE COMPANY, and that the title and right to the possession of said signs at all times remains with the HARTFORD FIRE INSURANCE COMPANY.

I (or we) further agree not to use said signs upon any truck after my (or our) policy or policies of insurance (if issued) might for any reason be terminated, either by the insured or by the HARTFORD FIRE INSURANCE COMPANY, and, upon demand to return said signs to the HARTFORD FIRE INSURANCE COMPANY.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS 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 AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

(Not applicable in CO, HI, NE, OH, OK, OR, or, VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied. See Page 2 for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
----------------------	------	---------------------	------

Fraud Warnings

Applicable in Colorado

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 Department of Regulatory Agencies.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

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.

Applicable in Nebraska, Oregon and Vermont

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a crime.