THE HARTFORD - LIVESTOCK DEPARTMENT (800)-295-1815 www.hartfordlivestock.com



LIVESTOCK TRANSPORTATION APPLICATION							
Producer's Name	Applicant's Name						
Agency Code 87-							
Mail Address	Mail Address						
City, ST Zip ,	City, ST Zip ,						
Phone () -							
Fax () -	Fax(
E-mail Address	E-Mail Address						
☐ Individual ☐ Corporation ☐ Limited Liability Corporation Year Business Sta ☐ Partnership ☐ Joint Venture ☐ Other							
Proposed Effective Date:	Inspection Contact	Phone ()					
Type of Coverage Requested:	Optional Coverage Exter	nsion(s) Requested:					
Livestock Transit Coverage Form Livestock Transit Coverage (Limited-Named Peril LS 00 21) (Broad LS 00 20)	ge Form Carcass Removal (LS 20 01)	Substitution of Vehicles (LS 20 06)					
☐ Additionally Covered Property in Transit Coverage Form ☐ Additionally Coverage Form		our Vehicles					
(Limited-Named Peril LS 00 27) (Broad LS 00 26)	☐ Other	· ·					
	Optional Endorseme	nt(s) Requested:					
		_					
Payment Schedule: Deposit Attached \$	Rate Quote	ed:					
Livestock Transit Liability Limit: (any one vehicle)	ivestock Transit Liability Limit: (any one animal)						
Additionally Covered Property Liability Limit:	List All Commodities Transported:						
1. Are state filings required: Yes No If Yes, list states:							
Specify how name should appear on filing(s):							
3. If ICC filing(s) are required, please include the following: US DOT I	Filing Number: MC Filin	g Number:					
4. If available, attach copy of driver(s) Motor Vehicle Record.							
5. Name of current cargo carrier:	Current cargo policy expir	ation date:					
6. List percentages of livestock to be hauled:Horses							
Stocker/Feeder Cat	Stocker/Feeder Cattle Fat Cattle Dairy Cattle Sheep/Goat						
	Breeding Stock (Specify Type)						
7. Average hauling distance: miles. Maximum hauling dis		miles per year:					
8. Does applicant transport any special valued animals? Yes							
9. Indicate if applicant transports for any of the following: ☐Packe							
 a. Does any entity selected retain any portion of loss before pursuing a claim against the applicant? ☐Yes ☐No If Yes, explain: 							
10. Condition of equipment: ☐ Excellent ☐ Good ☐ Fair ☐							
11. Does applicant own, operate or have financial interest in any other similar of	peration? Yes No If Yes, explain:						
12. Loss Payee(s):							
(Name and Address)							
13. Has applicant ever been canceled or nonrenewed by an insurance company? Yes No (Not applicable in MO) If Yes, explain:							
14. LOSS HISTORY. Please list all losses sustained in the last five years:							
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List the vehicle make, model and identification number on all insured tractors and trailers.

	YEAR	MAKE	MODEL	SERIAL NUMBER
1		(Select Only One Per Vehicle) □Tractor □Multi Deck Trailer □Truck □Single Deck Trailer □Pick-up □Gooseneck Trailer		
2		☐ Tractor ☐ Multi Deck Trailer☐ Truck ☐ Single Deck Trailer☐ Pick-up ☐ Gooseneck Trailer☐		
3		☐ Tractor ☐ Multi Deck Trailer☐ Truck ☐ Single Deck Trailer☐ Pick-up ☐ Gooseneck Trailer☐		
4		☐ Tractor ☐ Multi Deck Trailer☐ Truck ☐ Single Deck Trailer☐ Pick-up ☐ Gooseneck Trailer☐		
5		☐ Tractor ☐ Multi Deck Trailer☐ Truck ☐ Single Deck Trailer☐ Pick-up ☐ Gooseneck Trailer☐		
6		☐ Tractor ☐ Multi Deck Trailer☐ Truck ☐ Single Deck Trailer☐ Pick-up ☐ Gooseneck Trailer☐		
7		☐ Tractor ☐ Multi Deck Trailer☐ Truck ☐ Single Deck Trailer☐ Pick-up ☐ Gooseneck Trailer☐		
8		☐ Tractor ☐ Multi Deck Trailer☐ Truck ☐ Single Deck Trailer☐ Pick-up ☐ Gooseneck Trailer☐		
9		☐ Tractor ☐ Multi Deck Trailer☐ Truck ☐ Single Deck Trailer☐ Pick-up ☐ Gooseneck Trailer☐		
10		☐ Tractor ☐ Multi Deck Trailer☐ Truck ☐ Single Deck Trailer☐ Pick-up ☐ Gooseneck Trailer☐		

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.)

CONSULT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBBIT 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 below for additional Fraud Warnings)						
APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE			
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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.