# LIVESTOCK MORTALITY
## INTERNATIONAL TRIP TRANSIT APPLICATION

**IDEAL A&M**
Agriculture and Marine

Applicant: _____    Producer: _____

Address: _____         _____

_____         _____

Email Address: _____

Applicant's Website Address: _____

Years in Business: _____    Deductible Desired: _____    Phone: _____

## PAST EXPERIENCE
**In last 12 Months:**

| Specie | Total Shipped | Average Value/ Head | Destination |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If any losses, describe in detail on a separate sheet and attach to application.

## TRIP INFORMATION
**A) Number and Species of Animals**

Attach a copy of the Schedule of Animals, or provide the number, species, age and sex of animals.

Number of pregnant females, if applicable: _____

**B) Valuation**

Attach a copy of the actual or a pro-forma commecial invoice.

**C) Isolation**

Include pre-shipment isolation? _____    If yes, provide location: _____

_____

Date isolation is starting: _____

**D) Domestic Inland Transit**

Trucker: _____    Transit Date: _____

Port of Export: _____    Export Date: _____

**E) International Transit**

**Carrier:** Airline or Vessel Name: _____

Port of Import: _____

Describe number and type of attendants accomapnying shipment: _____

_____

_____

**F) Foreign Inland Transit** (complete only if coverage is desired)

Note: Confirm carrier is experienced in hauling livestock and will be using equipment designed for the use -

Please initial:     Yes: _____          No: _____

**G) Quarantine** (complete only if coverage is desired)

Exact Location: _____

Describe operator's experience: _____

_____

_____

Describe proximity and availability of veterinarian services: _____

_____

Duration? _____

### VALUATION/LIMITS

Basis of valuation - CIF, 110% of CIF, Cost, Other (Describe): _____

### OPTIONAL COVERAGES DESIRED

Disease Retest (List Diseases): _____

_____

_____

Loss of Foetus/Abortion? _____

**I acknowledge that any quotation that may be made by underwriters is based upon this information, and any misrepresentation and/or omission may prejudice recovery and/or void coverage. I certify that, to the best of my knowledge, the information is accurate and correct.**

_____
Signature

_____
Title

_____
Date

**IDEAL Agriculture & Marine, a product of Wichert Insurance Group**
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