

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
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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.