



**SINGLE TRIP APPLICATION**

Applicant's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____, Phone (____) _____ - _____ Fax (____) _____ - _____ E-mail Address _____	Bill to: (if different than applicant) Name _____ Mail Address _____ City, ST Zip _____
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Individual   
  Partnership   
  Joint Venture   
  Corporation   
  Limited Liability Corp.   
  Other \_\_\_\_\_

Owner's Name (if different than applicant) _____ Mail Address _____ City, ST Zip _____, Phone (____) _____ - _____ Fax (____) _____ - _____ E-mail Address _____	Trucker's Name _____ Mail Address _____ City, ST Zip _____, Phone (____) _____ - _____ Fax (____) _____ - _____ E-Mail Address _____
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**Type of Coverage Requested:**

Livestock Transit Coverage Form  
 (Limited – Named Peril LS 00 21)

Livestock Transit Coverage Form  
 (Broad LS 00 20)

Type of Cargo:  Livestock  Other \_\_\_\_\_ Total Premium Due: \_\_\_\_\_  
(Minimum Premium \$25.00)

Date of Telephone Request: (if applicable) \_\_\_\_\_ Name of Caller: \_\_\_\_\_  
 Livestock Transit Liability Limit: \_\_\_\_\_ Livestock Transit Liability Limit: (any one animal) \_\_\_\_\_  
 Origin Location: \_\_\_\_\_ Destination Location: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_ Arrival Date: \_\_\_\_\_  
 Number of Miles: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VEHICLE IDENTIFICATION NUMBER</u>
		(Select Only One Per Vehicle)		
1		<input type="checkbox"/> Tractor <input type="checkbox"/> Multi Deck Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Single Deck Trailer <input type="checkbox"/> Pick-up <input type="checkbox"/> Gooseneck Trailer		
2		<input type="checkbox"/> Tractor <input type="checkbox"/> Multi Deck Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Single Deck Trailer <input type="checkbox"/> Pick-up <input type="checkbox"/> Gooseneck Trailer		

<u>TYPE OF ANIMALS</u>	<u>TAG #</u> <small>(If Valuable Livestock)</small>	<u>NUMBER OF HEAD</u>	<u>X</u>	<u>RATE</u>	<u>=</u>	<u>TOTAL AMOUNT</u>
_____ CALVES	_____	_____ HEAD	@	_____	= \$	_____
_____ COWS	_____	_____ HEAD	@	_____	= \$	_____
_____ BULLS	_____	_____ HEAD	@	_____	= \$	_____
_____ FEEDER CATTLE	_____	_____ HEAD	@	_____	= \$	_____
_____ BUTCHER CATTLE	_____	_____ HEAD	@	_____	= \$	_____
_____ OTHER	_____	_____ HEAD	@	_____	= \$	_____
<b>TOTAL PREMIUM</b>					<b>= \$</b>	_____

Name of current cargo carrier: \_\_\_\_\_

Does applicant currently have livestock insurance with the Hartford .....  Yes  No

If Yes, provide policy number: \_\_\_\_\_

Are all animals in normal, healthy condition at the time of loading? .....  N/A  Yes  No

If No, explain: \_\_\_\_\_

LOSS HISTORY. Please list all losses sustained in the last 5 years:

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

DO YOU AGREE TO:

1. Notify the agent or Company immediately and not later than 24 hours after a loss? .....  Yes  No
2. Not to move livestock from point of death, until authorized by us, unless legally required to do so? .....  Yes  No

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 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.