



**MiniCo Insurance Agency**

10851 N. Black Canyon Hwy, Suite 200, Phoenix, AZ 85029  
 Phone: (855) 814-5043 Fax: (602) 760-3024 CA License: 0H04984

**APPLICATION FOR INSURANCE**

Agent name: \_\_\_\_\_

Name: \_\_\_\_\_

Farm name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

I/We hereby apply for insurance against loss by death resulting from disease or accidental injuries for the term of \_\_\_\_\_ on the following described animal(s):

Name of animal	Registration and/or tattoo number	Breed	Birthdate	Purchase price	Amount of insurance	Rate	Premium
		Sex		Purchase date	% interest		
#1.				\$	\$	%	\$
					%		
#2.				\$	\$	%	\$
					%		
#3.				\$	\$	%	\$
					%		
#4.				\$	\$	%	\$
					%		
#5.				\$	\$	%	\$
					%		
#6.				\$	\$	%	\$
					%		
<b>Continue animal scheduled on next page, as needed...</b>				<b>TOTALS:</b>	<b>\$</b>		<b>\$</b>

Values based on:  Appraisal  Private purchase  Auction price

I hereby certify that I have this day examined the aforementioned animal(s).  
 I have witnessed locomotion and observed no defects or unsoundness of limb.  
 I know of no record of illness in the past twelve months.  
 I know of no record or indication of sterility, past or present.  
 I would consider the animal(s) sound and normal in every other respect.

In making application for this insurance, I/We declare the above facts confirm my knowledge and also that this insurance has not been refused elsewhere, no other insurance is in effect, or that insurance is in excess of fair market value. I/We declare that I/We are the sole owner of the animal(s) herein described and that same is now in sound and good condition; and that there is not now, nor has there been any contagious disease in my/our vicinity; and that I/We know of no reason why this insurance should not be granted. The following notice is required by various states: "Any person who knowingly with the intent to injure, defraud or deceive any insurance company or other persons, files an application containing any false information or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent act, which is a crime." I understand that certain underwriters at Lloyds of London reserve the right to inspect or collect samples from any covered animal.

**Veterinarian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

PLEASE COMPLETE ALL QUESTIONS. VETERINARIAN CERTIFICATES MUST BE CURRENT WITHIN 14 DAYS OF INCEPTION. PURCHASE PRICE MUST BE ACTUAL CASH PRICE PAID AT THE TIME OF PURCHASE.



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**CONTINUATION OF ANIMAL SCHEDULE...**

Name of animal	Registration and/or tattoo number	Breed	Birthdate	Purchase price	Amount of insurance	Rate	Premium
		Sex		Purchase date	% interest		
#___				\$	\$	%	\$
					%		
#___				\$	\$	%	\$
					%		
#___				\$	\$	%	\$
					%		
#___				\$	\$	%	\$
					%		
#___				\$	\$	%	\$
					%		
#___				\$	\$	%	\$
					%		
#___				\$	\$	%	\$
					%		
				<b>TOTALS:</b>	<b>\$</b>		<b>\$</b>



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# ____				\$	\$	%	\$
					%		
# ____				\$	\$	%	\$
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# ____				\$	\$	%	\$
					%		
# ____				\$	\$	%	\$
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# ____				\$	\$	%	\$
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# ____				\$	\$	%	\$
					%		
# ____				\$	\$	%	\$
					%		
				<b>TOTALS:</b>	<b>\$</b>		<b>\$</b>