

**WILKINS LIVESTOCK INSURERS, INC**  
 830 G Street, Geneva, NE 68361  
 Phone: 800-826-9441 FAX (402) 759-4903  
 Canadian Residents Call Collect (402) 759-4901  
**Email:** stacy@wilkinslivestock.com  
**Web site:** livestockinsurance.biz

**PREMIUM PAYMENT OPTIONS**

- Full payment with application.
  - Quarterly Payments - \$10 qtr fee – for premiums \$500 & over
  - 1/3 payments w. balance all paid in 60 days
- Visa, MasterCard or Discover \*A Fee will be charged

Name on card \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

- Please bill me.
- I am including a check along with this signed form in the postal mail.

It is understood, that the signing and filling of this application does not bind the company and no insurance shall be deemed effective unless & until this application is received and accepted by the company and any binder of coverage shall then be effective only upon receipt in the Company's office.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**CAMELID INSURANCE APPLICATION**

On any animal insured for \$30,000 or less and any animal over 3 months of age, a Veterinary Examination is not required. You simply need to complete the form below, sign and date.

For any animal insured for over \$30,000, or any animal having had a sickness, injury or illness in the past year, we need the vet examination form completed on the back of this form. Any animal under 3 months of age DOES require a veterinary exam and an Igg level reading.

Please give us any show record, breeding information or training amounts that will bring us up to date on your animals' value. Please list any additional insureds or loss payee. If you have any questions, please don't hesitate to call.

Name of Animal	Breed	Sex	Date Born	Date Purchased	Purchase Price	Insured Amount	Rate	Premium	
							OUTSTANDING	BALANCE	
								TOTAL	

**PLEASE COMPLETE. MUST ANSWER ALL QUESTIONS IN ORDER TO BIND COVERAGE:**

If females are of breeding age, are they bred? List names of those bred: \_\_\_\_\_

Male breeding information: Current Stud Fee \_\_\_\_\_ Number bred last year \_\_\_\_\_ Current Year # Breedings \_\_\_\_\_

- Is there any indebtedness due because of change of ownership of this animal(s) \_\_\_\_\_  
 Loss Payee or  Additional insured name & address \_\_\_\_\_
- Have any animals owned by you died in the past 36 months? \_\_\_\_\_ State cause of death and were any insured, give particulars \_\_\_\_\_
- Has any insurance company ever cancelled any insurance or refused to insure any animal(s) in which you have or had an insurable interest \_\_\_\_\_  
 If yes, give particulars \_\_\_\_\_
- Has THIS animal(s) being insured had any illness or injury in last 36 months? \_\_\_\_\_
- Any further information to justify value, such as offspring or show winnings \_\_\_\_\_

**PLEASE READ:**

**I/We attest and confirm that the animals listed above have had no health problems requiring the attendance of a veterinarian during the last twelve (12) months and are in all respects free from all injuries, illnesses and diseases.**

**I/We attest and confirm that the above scheduled animals should be insured as shown on the above attached schedule which represents the current fair market value.**

**I/We understand and agree that the policy to be issued shall be founded upon the statement contained herein and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld to influence the company's decision, the insurance shall be null and void.**

Date \_\_\_\_\_ Owner's Signature \_\_\_\_\_

# WILKINS LIVESTOCK INSURERS, INC.

FAX (402) 759-4903

Toll Free Number 800-826-9441

830 G Street

Geneva, Nebraska 68361

## VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE FOR CAMELIDS

I, \_\_\_\_\_ do hereby certify that I am a graduate of veterinary holding a current license as such to practice in the State of \_\_\_\_\_ State License No. \_\_\_\_\_

I have examined this day, (1) \_\_\_\_\_ (3) \_\_\_\_\_

Following animals: (2) \_\_\_\_\_ (4) \_\_\_\_\_

Owner of Animal: \_\_\_\_\_ (5) \_\_\_\_\_

	Yes/No		Yes/No
Pulse and respiration normal?	_____	History or evidence of flukes?	_____
Is Temperature Normal?	_____	Has animal been castrated?	_____
Are Eyes Clinically normal?	_____	If female, is she reported pregnant?	_____
Is Heartbeat Normal?	_____	If male, are both testicles evident?	_____
History or evidence of dystocia?	_____	Are teeth normal?	_____
If Cria (under 3 Mo.) IGG#	_____	Are Glands normal?	_____
If Cria, has it been bottled fed or tubed?	_____		

If any surgery has been performed, describe type of surgery, date performed, diagnosis and prognosis: \_\_\_\_\_

Over and underweight for size?(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Additional Veterinary Comments \_\_\_\_\_

Any past history of intestinal attacks? (colic or Ulcers) \_\_\_\_\_

Tetanus Vaccination \_\_\_\_\_ Date given: \_\_\_\_\_

Enterotoxaemia Vaccination \_\_\_\_\_

Parasites: Internal fecal sample results (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
(4) \_\_\_\_\_ (5) \_\_\_\_\_

Feet and Legs: Does animal have any physical deformities, disease or infection of pads, etc? Please indicate degree of severity, duration and in your opinion, probable prognosis. Please describe any previous lameness problems:

Is the stabling adequate? \_\_\_\_\_

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the Company? \_\_\_\_\_

Is there evidence of vices or objectionable habits? \_\_\_\_\_

Except as noted above, I hereby certify that to the best of my knowledge and belief the animal is sound and normal in every other respect? \_\_\_\_\_

Additional Remarks \_\_\_\_\_

Signed \_\_\_\_\_

Veterinarian

Date of Examination \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Veterinary certificates are not accepted unless completed within 15 days prior to being received by the company office