

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: stacywilkins@galaxycable.net

PREMIUM PAYMENT

Full payment with application.
 Quarterly Payments
 Call for financing options
 Visa or MasterCard (Name as it appears on Card)* A Fee will be charged
 Account Name _____
 Card # _____ Exp. Date _____
 Signature _____ Date _____

Name: _____
 Address: _____

 Phone: _____
 FAX: _____

CAMELID INSURANCE APPLICATION

On any animal insured for \$30,000 or less, has not had any illness, disease or injury in the past year and is not overage, you do not have to have a new Veterinary Examination. You simply need to complete the form below, sign and date.

For any animal insured for over \$30,000, if it has had a sickness, injury or illness in the past year, or if you want to increase the current amount of insurance, we need the vet examination form completed on the back of this form.

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. You will find listed below the rate and amount of premium needed to renew your policy.

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

Justification of Value _____

Current Stud Fee _____ Number bred last year _____ Current Year # Breedings _____

- Is there any indebtedness due because of change of ownership or this animal(s) _____ Give particulars _____
 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 _____
- State nature of any illness or injury to this animal(s) in last 36 months _____
- Any further information to justify value _____

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 is all respects free from all injuries, illnesses and diseases.

I/We attest and confirm that the above scheduled animals should be insured as show 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
830 G Street

Toll Free Number 800-826-9441
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 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