

# LIVESTOCK - STATEMENT IN PROOF OF LOSS

\_\_\_\_\_  
CERT/POLICY OF INSURANCE

\_\_\_\_\_  
COVER NOTE NUMBER

\_\_\_\_\_  
COVERAGE AMOUNT

\_\_\_\_\_  
INSURER'S CLAIM NUMBER

\_\_\_\_\_  
PERIOD OF COVERAGE

\_\_\_\_\_  
OUR FILE NUMBER

To Insurance Company: \_\_\_\_\_

By your certificate/policy of insurance above described, you insured: \_\_\_\_\_

\_\_\_\_\_ (Hereinafter called insured) according to the terms and conditions contained therein, including the written portion thereof and all endorsements, transfers, and assignments attached thereto, on livestock described as follows:

1. Date of loss: \_\_\_\_\_
2. a) Name of animal: \_\_\_\_\_  
b) Give Registry No.: \_\_\_\_\_ Name of Registry Association: \_\_\_\_\_
3. Give exact circumstances of loss and causes of same (if destroyed, state whether it was necessary for humane reason): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. a) When did you first discover animal was sick or injured? \_\_\_\_\_  
b) What was done for the assistance of the animal before the arrival of the veterinarian? \_\_\_\_\_  
\_\_\_\_\_
5. a) When did you first call the veterinarian to attend the animal? \_\_\_\_\_  
b) State veterinarian's name and address: \_\_\_\_\_  
c) How soon after was he called, was he in attendance? \_\_\_\_\_  
d) What subsequent visits did he make? \_\_\_\_\_
6. a) Where did the animal die? \_\_\_\_\_  
b) When did animal die? \_\_\_\_\_
7. Had this animal undergone any surgical operation during the life of this policy? \_\_\_\_\_  
If so, explain fully: \_\_\_\_\_  
\_\_\_\_\_
8. Were you the sole owner? \_\_\_\_\_ Is there now, or has there ever been any mortgage, lien, bill of sale, or any other encumbrance on said animal while owned by you? \_\_\_\_\_ If so, state particulars fully: \_\_\_\_\_
9. a) What consideration did you give for this animal? \_\_\_\_\_ What was the date of acquisition? \_\_\_\_\_  
b) Give name and address of person or persons from whom you purchased this animal: \_\_\_\_\_  
\_\_\_\_\_
10. a) State with what other insurance Company or Companies, or Associations, this animal was insured at the time of its death, together with the amount of such insurance: \_\_\_\_\_  
\_\_\_\_\_

Form 2340F

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b) Did such insurance cover against death due to the disease or casualty which caused the death of the animal? \_\_\_\_\_

11. a) Was this animal, while in your possession, ever sick or injured before? \_\_\_\_\_ If so, give date of previous sickness or injury with full particulars: \_\_\_\_\_

b) Give names and addresses of veterinarian who was called for previous sickness or injury: \_\_\_\_\_

**THE ACTUAL CASH VALUE** of the above described livestock at the time of said loss was: \$ \_\_\_\_\_

**THE ACTUAL LOSS AND DAMAGE** to the above described livestock at time of said loss was: \$ \_\_\_\_\_

**THE TOTAL INSURANCE** covering above described livestock, including this policy and all other policies (whether valid or not), binders or agreements to insure, was at the time of said loss: \$ \_\_\_\_\_

**LESS DEDUCTIBLE** \$ \_\_\_\_\_

**INSURED HEREBY CLAIMS OF THIS COMPANY** and will accept from this Company in full release and satisfaction in compromise settlement of all claims under this policy, the sum of: \$ \_\_\_\_\_

Upon payment of claim for total loss of livestock above described, the insured does hereby transfer, assign, and set over unto the Insurer of all rights, title, and interest in said livestock, and further, if stolen, agrees to help the said Insurer, or proper authorities to identify said livestock, should it be found, and will render all assistance possible in any endeavor to recover the said livestock or to apprehend the thieves in accordance with policy conditions.

The said loss did not originate by any act, design, or procurement on the part of the insured or this affiant; nothing has been done by or with the privities or consent of Insured or this affiant, to violate the conditions of this policy, or render it void; all articles mentioned herein or in the schedule annexed hereto belong to said livestock and were in possession of the insured at the time of said loss; no property saved has been in any manner concealed; no attempt to deceive the said Insurer in the procurement of the insurance, or as to the extent of said loss, has in any manner been made, and no material fact is withheld that the said Insurer should be advised of. Any other information that may be required will be furnished on demand and considered a part of this proof.

**COMPUTATION OF LOSS SETTLEMENT**

Give particulars of adjustment.

STATEMENT OF LOSS	COST	NET CLAIM

In full settlement and satisfaction for all loss and damage set forth in the foregoing proof of loss, Underwriters on Certificate/Policy number: \_\_\_\_\_ are hereby requested, authorized and empowered to pay as follows:

To: \_\_\_\_\_ the sum of \$ \_\_\_\_\_

To: \_\_\_\_\_ the sum of \$ \_\_\_\_\_

In consideration of such payment said Underwriters are hereby discharged and forever released from any and all further claim, demand or liability whatsoever for said loss and damage, under the insurance certificate herein referred to.

Now, therefore, in consideration of the aforesaid payment, I/we hereby assign, transfer and subrogate to the said insurers, all right, interest, or things in action against any person or corporation, who may be liable or hereafter adjudged liable for this loss, and I/we empower said insurers to sue, compromise or settle in my/our name(s), to the extent of the payment aforesaid.

It is expressly understood and agreed that the furnishing of this blank or the preparing of proofs by an Adjuster or Agent of the ABOVE NAMED INSURER is neither an admission of liability nor a waiver of any rights of the said insurer.

**WITNESS(ES):**

**SIGNATURE(S):**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Claim Number

\_\_\_\_\_  
Date

**NOTARY:** State of \_\_\_\_\_; County of \_\_\_\_\_; SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_

\_\_\_\_\_  
who is known to be the person(s) named herein and who voluntarily executed this release.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Commission Expires