



Wildlife Insurance Underwriters, LLC

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ANIMAL MORTALITY

WIU

General Information

Proposed Effective Date: _____

1. Applicant's Name: _____
2. Applicant's Mailing Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____ County: _____
 Business Telephone Number: () _____ Fax: () _____
3. Physical Address (if different): _____
4. Population within 50 miles: _____
5. Other Locations Used:
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
6. Contact Person: _____
7. Applicant is: Individual Corporation Partnership Joint Venture
8. If not sole owner, list others, percentage of ownership, and whether their part is to be insured (attach additional sheets if necessary):

	%	<input type="radio"/> Yes <input type="radio"/> No
	%	<input type="radio"/> Yes <input type="radio"/> No

9. Producer No.: _____ Producer's Name: _____
10. Producer's E-mail: _____

A. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

- Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No
- Completed Claims and Loss History form attached (REQUIRED)? Yes No
- Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

