

# Wildlife Insurance Underwriters, LLC

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Desired Effective Date: Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

## DEER INSURANCE APPLICATION :

### Coverage Requested

Mortality & Theft

### Premium Payment Options

**Premium Financing** (premiums of \$300 or more): 25% Down payment or \$150, whichever is greater. Balance paid in 9 monthly installments, interest applies.

**Full payment with application**

**Visa or Master Card** : Card No. \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ \*3 Digit CVN : \_\_\_\_\_  
 \*Street Address \_\_\_\_\_

\*For your protection, the **3 digit CVN** (Card Verification Number) on the back of your credit card and **street address** (if different from mailing address) **with zip code** is required for processing. The 3 digit CVN is usually printed on the signature panel on the back of the card immediately after the card number or partial card number. For simplicity, the CVN is always the last three digits shown on the signature panel.

### Name and Address of Applicant

\_\_\_\_\_ **Phone Numbers:**

\_\_\_\_\_ Day: \_\_\_\_\_

\_\_\_\_\_ Eve: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Herd Plan Deer – Please state all figures in USD

Name	State Herd is located in	Number of Head	Value per Head	Total Herd Sum Insured	Deductible	Exact Use	Breed	Date Acquired	Purchase Price	Amount Insured***
Herd # 1										
Herd # 2										
Herd # 3										

Are there any deer owned not proposed for insurance hereunder? \_\_\_\_\_  
 If 'Yes' please provide details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Individual High Valued Animals – Please state all figures in USD

Name	State Deer are located in	ID i.e. Tattoo / Eartag or Microchip number*	Sex**	Date of Birth	Exact Use	Breed	Date Acquired	Purchase Price	Amount Insured***	Sum Insured	Deductible
Deer # 1											
Deer # 2											
Deer # 3											

If No ID number please Provide 3 Photos (each side and front) \*\*Use these codes: D - Doe; B - Buck; FB Fawn Buck; FD- Fawn Doe \*\*\* Amounts other than purchase price are subject to Company acceptance. See #9

**NOTE: THIS IS NOT A BINDER. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**

1. Does anyone else have a financial interest in any animal(s)? \_\_\_\_\_

If yes, list name and address \_\_\_\_\_

2. Usual location of deer.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

3. Are animals healthy and capable of performing intended use? \_\_\_\_\_

4. Has any animal above had an accident, illness or lameness in the past two years? \_\_\_\_\_

If yes, give date and description of treatment: \_\_\_\_\_

5. Name, address and phone number of our usual veterinarian: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How often are the deer checked by the veterinarian: \_\_\_\_\_

6. List current or maintenance medication(s): \_\_\_\_\_

7. Has any insurance company canceled or refused to renew any of your coverage? \_\_\_\_\_

If yes, give company, date and reason given for company action. \_\_\_\_\_

8. Has any deer owned by you died in the past three years? \_\_\_\_\_

If yes, state the cause(s) and date(s). \_\_\_\_\_

9. Substantiation for deer raised or not insured at purchase price. Supply performance/show record, breeding record, or appraisal. \_\_\_\_\_

10. Are vaccinations kept current on all deer? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Do all of the deer have DNA registrations? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Have any of the herd had EHD? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Have any of the herd had CWD? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Are all deer hauled at night? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Are all deer hauled in totally blacked out trailers? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. What is the longest distance for transport of deer? \_\_\_\_\_ miles

17. Do you ever tranquilize any of your deer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is the most for any one animal per year? \_\_\_\_\_

If so, is a vet always present and on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. **Concealment or Fraud:** This policy is void if YOU have concealed or misrepresented any material fact or circumstance relating to this insurance. I have read and understand the FRAUD WARNING NOTICES on page 2 of this document. I also confirm that I am a member of the Deer Federation and adhere to the standards and regulations of the Texas Parks & Wildlife Scientific Breeder Programme.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## FRAUD NOTICES AND APPLICANT'S SIGNATURE

**STANDARD** – Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such persons to criminal and civil penalties.

**NOTICE TO ALL STATES APPLICANTS** – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY: BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT THAT BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Signature of Applicant	Date