

# Wildlife Insurance Underwriters, LLC

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## Deer Survey

Applicant name and Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

Serial #: \_\_\_\_\_

State License #: \_\_\_\_\_

### Deer Population

Population	Number	Age Frame	Average Value	Total Value
Boarding Doe		_____ to _____		
Breeding Buck		_____ to _____		
Fawns		_____ to _____		

### Deer for Sale

Population	Number	Age Frame	Average Value	Total Value
Boarding Doe		_____ to _____		
Breeding Buck		_____ to _____		
Fawns		_____ to _____		

### Annual Income

Sale of:

Bucks \$ \_\_\_\_\_  
Doe \$ \_\_\_\_\_  
Fawns \$ \_\_\_\_\_  
Artificial Insemination \$ \_\_\_\_\_  
Gross Annual Sales \$ \_\_\_\_\_

### Physical Plant

1. Average acreage per pen? \_\_\_\_\_
2. Are all fences 8 feet tall? \_\_\_\_\_
3. Are all fences on metal posts? \_\_\_\_\_
4. Number of Doe per pen or lot? \_\_\_\_\_
5. Does someone live on the farm? \_\_\_\_\_
6. Type of breed of deer? \_\_\_\_\_
7. How far from the main road are the pens? \_\_\_\_\_

Who is the manufacturer of your artificial insemination plant? \_\_\_\_\_

Are any deer owned not proposed for insurance hereunder, if yes, please provide details? \_\_\_\_\_

Please provide details of all losses sustained in the last 5 years, including cause, value and date of loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other circumstances within your knowledge or opinion, not already disclosed, affecting or likely to affect the proposed insurance? \_\_\_\_\_

\_\_\_\_\_

## Herd Plan

Breed	State of Herd Location	Number of Head	Value per Head (USD)	Total Herd Sum Insured (USD)	Premium Rate (%)	Premium (USD)	Deductible (USD)

## Individual High Valued Animals

Breed	State of Herd Location	i.e. Tag Number/Tattoo	Sex	(USD) If bred, state market value	Sum Insured (USD)
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Totals \$ \_\_\_\_\_

Total Premium Net of Tax: \$ \_\_\_\_\_

Tax Rate: \_\_\_\_\_%

Tax Amount (USD): \$ \_\_\_\_\_

Total Premium (USD): \$ \_\_\_\_\_

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for crime insurance or insurance containing any false information or conceals for the purpose of misleading information concerning any fact thereto commits a fraudulent insurance act which is a crime.

The undersigned is an authorized representative for the purpose of this application and certifies that reasonable enquiry has been made to obtain the answers to the questions on this application. They certify that the answers are true, correct and complete to the best of their knowledge.

Requested Policy Effective Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_