

**The Hartford
CLAIM REPORTING**

Policies issued through NBISCO Agency Services

Livestock

The Hartford Livestock Department
P.O. Box 2255
Omaha NE 68103
1-800-295-1815
www.thehartford.com/livestock

From The Hartford



Important Loss Reporting and Autopsy Requirements Summary

Other reporting requirements may apply. Please read your entire policy carefully for a complete understanding of the coverage it provides.

Death, Accident, Injury, Sickness, Disease, or Lameness Reporting

If a "Covered Animal" Dies **OR** experiences any Accident, Injury, Sickness, Disease, or Lameness, **YOU MUST** immediately notify the "Covered Animal's" veterinarian and The Hartford.

The Hartford should be notified by telephone at:

During Business Hours (8:00am to 4:30pm Central Time): **1-800-295-1815**

After Hours or Weekends – If a Life-Threatening Emergency: **1-800-427-4876**

Autopsy Requirements

If a "Covered Animal" Dies, **YOU MUST** have a veterinarian perform a thorough autopsy to determine the cause of death and provide the autopsy report to The Hartford. The veterinarian should contact The Hartford immediately following the autopsy to determine if any additional information is required.

Theft Reporting

If you suspect that a "Covered Animal" has been Stolen, **YOU MUST** immediately notify the nearest law enforcement agency and The Hartford using the telephone numbers shown above.



PLEASE POST

Animal Mortality Insurance Loss Reporting and Autopsy Requirements Summary

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Livestock Department
PO Box 2255
Omaha, NE 68103
Telephone 800-295-1815
Fax 877-520-9603

CLAIM PROCEDURE GUIDE

This guide is designed to assist you in filing a claim under your feedlot, pasture, or dairy policy. Your following the instructions below will help us settle your claim as quickly as possible. Please contact The Hartford, or your agent if you have any questions.

TO FILE A CLAIM YOU MUST:

- 1. Notify The Hartford or your agent within 24 hours of every loss which may become a claim under the policy. During business hours call 800-295-1815 or FAX 877-520-9603. After business hours, or on holidays, call our answering service at 800-427-4876. Be prepared to supply the following information with your call:**
 - a) Your name.**
 - b) Contact phone number**
 - b) Policy number, name, location of the feedlot, pasture, or dairy.**
 - c) Name and telephone number of the attending veterinarian**
 - d) Approximate number of dead animals**
 - e) When the loss occurred**

- 2. The cause of death for each animal must be determined by a licensed veterinarian. Our policy requires 20% of the deceased animals to be necropsied at the insured's expense. The goal is to gain a representative sample of the loss without examining every animal. Examining only 20% of the dead animals may not yield a truly representative sample when the loss is "small". We've created the following guidelines to gain a better understand of each loss:**

**Losses less than ten (10) head - necropsy 100%,
Losses ten (10) to (50) head - necropsy ten (10) head,
Losses over fifty (50) head necropsy 20%**

"Since, the policy only requires 20% be necropsied, the Hartford will bear the "reasonable" expense for the difference between the actual number necropsied and the required 20% when the above guideline is followed. The key point is to necropsy enough cattle to get a representative sample of the loss.

- 3. COMPLETE AND SIGN a Claim Schedule including weights and prices.**
- 4. Furnish copies of Rendering Receipts with weights.**
- 5. Photos of the deceased animals.**
- 6. Mail or Fax the Completed and Signed Claim Schedule, Rendering Receipts, photos, and the vet's Necropsy Report to The Hartford Livestock Dept. Attn: Claims, or your agent.**

To be completed by the insured

THE HARTFORD FEEDLOT, PASTURE, OR DAIRY CLAIMS SCEHDULE PART 2 PAGE _____ OF _____ .

Name of Insured _____ Date of Loss _____

Owner	# of HD	Pen # or Pasture	Description Sex Breed	Weight In	Price In/cwt	Date In	Days on Feed	Wt. on Date. of Loss	Value/Cwt. on D. of Loss	Totals

THE HARTFORD NECROPSY REPORT SUMMARY

**FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY
CAN RESULT IN UNNECESSARY DELAYS**

OWNERS NAME _____

LOCATION OF PREMISES WHERE ANIMALS DIED I.E 5 MIILES NORTH, 2 MILES WEST OF (CITY AND STATE) _____

DATE OF LOSS _____ DATE OF NECROPSY _____

BRIEFLY DESCRIBE HOW ANIMALS WERE SELECTED FOR NECROPSY _____

**LIST BELOW ANIMALS THAT WERE NECROPSIED AND FOUND TO BE
WITHOUT GROSS LESIONS**

SEX	WEIGHT	PEN #	DETERMINED CAUSE OF DEATH

List any weather conditions that may have been a factor: _____

**USE SHEET TWO FOR ANIMALS WITH ANY GROSS LESIONS
COMPLETE A SEPARATE SHEET FOR EACH ANIMAL**

Please use back of this sheet for any additional comments you feel would aid in our settling this claim. Thank You.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR
ANOTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE
INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY
FACT, MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.
INSURANCE BENEFITS MAY ALSO BE DENIED.**

Veterinarian's Signature

Date



**THE HARTFORD NECROPSY SHEET REPORT: FINDINGS FOR AN ANIMAL SHOWING GROSS LESIONS:
COMPLETE A SEPARATE SHEET FOR EACH ANIMAL**

OWNERS NAME _____
DATE OF DEATH _____ DATE OF NECROPSY _____
SEX _____ PEN # _____ WEIGHT _____

1) HAS ANIMAL BEEN TREATED IN THE LAST 30 DAYS? YES NO
IF YES DESCRIBE TREATMENT _____

2) ENVIRONMENTAL FINDINGS. (Check as many as apply)

A) Carcass found: Alone In a group in corner other _____

B) Please list any weather conditions that may have been a factor: _____

3) NECROPSY GROSS LESIONS OBSERVED

A) External Orifices: Mouth or Nostrils _____

B) Thoracic Cavity: Note any lesions.

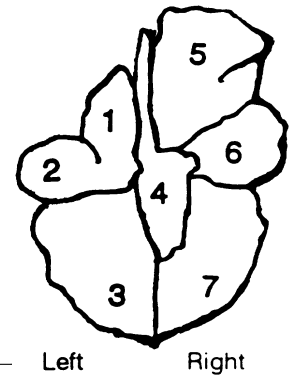
Trachea & Bronchial Tree _____

Lungs: Indicate on the diagram and describe any areas of lesions.

Heart and Vasculature _____

c) Abdominal Cavity: Note any lesions involving:

Liver Kidney or Bladder _____



**BASED ON NECROPSY AND OTHER AVAILABLE INFORMATION INDICATE THE
CAUSE OF DEATH**

Laboratory Analysis

If samples will aid in determining the cause of death they should be taken. If there is a question regarding the necessity of samples please contact the Hartford.

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Veterinarian's Signature

Date

Rev. 11/12 NM



To be completed by the insured
CLAIM SCHEDULE -SUMMARY PAGE
FEEDLOT, PASTURE, OR DAIRY LIVESTOCK
TELEPHONE 800-295-1815
FAX 877-520-9603

LIVESTOCK DEPARTMENT
PO BOX 2255
OMAHA, NE 68103-2255



_____ AMPM
_____ Time of Loss
_____ Date of Loss
_____ Time Notified
_____ Date Notified

POLICY NUMBER _____ **NAME OF INSURED** _____

CATTLE ON PASTURE **OR FEEDLOT** **OR DAIRY**

Time and Date Company Notified _____

LOCATION OF FEEDLOT/PASTURE/DAIRY _____

NAME OF VETERINARIAN NOTIFIED _____ **Telephone Number** _____

IS THERE ANY OTHER INSURANCE COVERING LIVESTOCK? ___ **WHAT COMPANY** _____

TOTAL VALUE OF LIVESTOCK LISTED IN SCHEDULE (ALL PAGES) \$ _____

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ARE ANY OF THE CATTLE LISTED IN THE SCHEDULE HOLSTEINS? _____

TELEPHONE NUMBER WHERE PERSON COMPLETING SCHEDULE CAN BE REACHED _____

I Certify that this Claim Schedule Including ___ Pages Is True and Correct.	
Required Signature of Insured _____	Date _____

A SUMMARY PAGE SIGNED BY THE INSURED MUST ALSO BE FULLY COMPLETED