geo/AGRICULTURE

LIVESTOCK DECLARATION OF HEALTH

Name/ID Number:

Policy Number   :

I/we declare that the xxxxxxx is in a sound state of health and has been free from injury, illness, lameness or other abnormality during the past 12 months and that no information has been withheld by me/us that might influence the Underwriters' acceptance and assessment of this insurance, and to accept a policy subject to the terms, conditions and exceptions contained herein.

Proposers Signature:..

Date: ....