



Policy Number:

LM

Year (2 digits)	Agency # (5 digits)	Insured (last name, first initial)	Sequential # (3 digits)

NATIONWIDE MUTUAL INSURANCE COMPANY

1200 Locust St., Dept 5307

Des Moines, IA 50391-5307

## YOUNG STOCKRAISERS INSURANCE POLICY DECLARATIONS

Insured Name:			
Address:			
City:	State:	Zip-Code:	
Name of Club:			
The term of this policy shall be from:		to:	

12:01 A.M. Standard time at the above address.

## DESCRIPTION OF ANIMALS

REGISTRATION OR TATTOO NUMBER	KIND					BREED	AGE	SEX	WEGHT	CURRENT VALUE	AMOUNT OF INSURANCE	PREMIUM
	CATTLE	SWINE	SHEEP	GOATS	HORSES							
TOTALS												

Explain all injuries, contagious or communicable livestock diseases occurring in these animals or on the premises within the past two years.

(If none, state "none").

Leinholder Name:	
Address:	
City, State Zip-Code:	

Agency Name:	
Agency #:	
Agency e-mail:	

I declare all the above facts are true to the best of my knowledge.

INSURED'S  
SIGNATURE: 

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Date: 

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PLEASE READ YOUR POLICY

For Internal Office Use Only
Class Code: _____
_____
_____
County Code: _____
Account #: _____