

AMERICAN LIVE STOCK INSURANCE COMPANY



AGENT PROFILE FORM

Name									
Address									
City, State, ZIP									
Main Phone	Fax								
Website address, if any (e.g., "www....")									
E-mail address									
Present carrier(s)									
<table border="1"> <tr> <td>Annual Gross Premium (past two years)</td> <td>Year:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Amount:</td> <td></td> <td></td> </tr> </table>		Annual Gross Premium (past two years)	Year:				Amount:		
Annual Gross Premium (past two years)	Year:								
	Amount:								
Present Livestock Mortality Carrier(s)									
<table border="1"> <tr> <td>Annual Gross Premium Livestock Mortality (past two years)</td> <td>Year:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Amount:</td> <td></td> <td></td> </tr> </table>		Annual Gross Premium Livestock Mortality (past two years)	Year:				Amount:		
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	Amount:								
<table border="1"> <tr> <td>Total Losses Livestock Mortality (past two years)</td> <td>Year:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Amount:</td> <td></td> <td></td> </tr> </table>		Total Losses Livestock Mortality (past two years)	Year:				Amount:		
Total Losses Livestock Mortality (past two years)	Year:								
	Amount:								
Breeds or Type of Livestock Anticipated for Coverage									
Name of Insurance Agent's Errors and Omissions Carrier									
E & O Coverage Limits	Anniversary Date								
Please give details of any E & O losses									
Social Security Number	or Tax ID#								
Signed:	Date:								

ADDITIONAL INSTRUCTIONS:

- Enclose a copy of your insurance license(s).
- Attach a list of principals who would primarily be involved with livestock coverages and a brief summary of their livestock experience.
- Attach a list of three character and three credit references.
- If desired, attach a brief statement summarizing your ideas for marketing our products.