



**GENERAL STAR INDEMNITY COMPANY
LIVESTOCK MORTALITY SUPPLEMENT
INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY (E & O)**

Agency Name:

1. List premium volume, number of accounts and highest value for livestock mortality business:

<u>Type</u>	<u>Premium Volume</u>	<u>Number of Accounts</u>	<u>Highest Value</u>
Farm	_____	_____	_____
Show	_____	_____	_____
Race	_____	_____	_____

2. Provide the following information for the top 3 carriers used for livestock mortality coverages:

<u>Carrier</u>	<u>Direct Access?</u>	<u>Premium Volume</u>	<u>Years Represented</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

3. Does the agency have binding authority for livestock mortality related accounts?..... Yes No

4. Does the agency place any livestock mortality business through a broker? Yes No
If Yes, complete the following for the top 3 brokers used for livestock mortality placements:

<u>Broker/Agency</u>	<u>Premium Volume</u>	<u>Carrier</u>	<u>Years of Livestock Mortality Experience</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Does the agency write barrenness or coverage for breeding operations? Yes No

6. Does the agency place coverage for any race tracks or commercial stables? Yes No

7. Does the agency provide coverage for livestock in transport? Yes No

8. Are value and health of livestock reviewed on each submission and issued policy? Yes No

9. List agency staff who handle Livestock Mortality accounts along with experience.

Name	Yrs. of Livestock Mortality Insurance Experience	Position In Agency
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
 (Please Print)