Pacific Airlift Insurance Form

It is now required that all animals hauled on livestock charters are insured for mortality. Please complete the following information on each animal you are shipping.

Name		Age Sex		Breed	l	Reg No.	Value	
ne value indi	cated above is	based on:						
Appraisal	Purchase	Other: (Expl	ain)					
	、 							
the animal(s) you are shipp	oing is/are alrea	dy insured, c	omplete the follow	ing informatio	on:		
surance Com	ipany:				Phone:			
ddress:			City:		State:	Zip Code:		
gent/Contact:				Policy Number:				
the animal(s) you are shipp	oing is/are not p	resently insu	red, we will provid	e insurance a	t the following rates	:	
Transit only	(stable to stable	or ranch to ranc	h)	1.75% of Value				
Transit plus	15 days after an	rival at stable of	destination	2.35% of Value				
				2.95% of Value				
	to provide ins th prior approv		complete the	following information	tion: Horses 1	15 years or older can	be insured for tra	
	Namo		Cover	age Rate		Value	Premium	

Sample: Jane Doe Mare	#1	1.75%	\$10,000	\$175.00
Name	Desired	Rale	value	Premium

If we are to provide insurance for you, please enclose a check payable to ANDREINI & COMPANY with this completed form. Animals without insurance or proof thereof will not be transported.

I/We declare the above facts confirm my knowledge and also that this insurance has not been refused elsewhere, no other insurance is in effect, or that insurance is in excess of fair market value.

I/We declare that I/we are the sole owner(s) of the animal(s) herein described and that the same is now in sound and good condition; and that there effect, or that insurance is in excess of fair market value. is not now, nor has there been any contagious disease in my/our vicinity, and that I/we know of no reason why this insurance should not be granted.

Signature of Applicant: _____

Date:				