



**LIVESTOCK TRANSIT PROTECTION
REPORT OF LOSS APPLICATION**

**Application MUST be completed in full.
Application MUST be signed and dated by the person claiming the reward.
A copy of the accident report MUST be included.**

Applicant's Name _____
Mailing Address _____
City, State, Zip _____
Phone Number(s) _____
E-mail Address _____
FB Member ID # _____
Member's Name _____
(if different than applicant)
Mailing Address _____
City, State, Zip _____
Phone Number(s) _____
E-mail Address _____
Date of Accident _____ Time of Accident _____ A.M/P.M.
Accident Location: _____
Nature of Accident: _____

Was someone other than the Farm Bureau Member transporting the livestock at the time of the accident? YES or NO

If yes, please provide the haulers info

Name: _____
Address: _____
Phone Number(s): _____
E-mail Address: _____
FB Member ID(if applicable): _____

**Ashtabula, Geauga, Lake, Mahoning, and Trumbull County Farm Bureaus
Livestock Transit Protection Member Benefit Committee
440.437.8700**



Livestock Type (Select the type of livestock affected by placing a ✓ next to the category. If reporting the loss of more than one animal include how many of the animals were lost.)

<input type="checkbox"/>	Horse	<input type="checkbox"/>	Breeding Stock (Cattle)	<input type="checkbox"/>	Lamb/Kids
<input type="checkbox"/>	Mules	<input type="checkbox"/>	Butcher hogs	<input type="checkbox"/>	Donkeys
<input type="checkbox"/>	Stocker/Feeder Cattle/ Calves	<input type="checkbox"/>	Sows/Boars	<input type="checkbox"/>	Llamas
<input type="checkbox"/>	Fat Cattle	<input type="checkbox"/>	Pigs under 120#	<input type="checkbox"/>	Alpacas
<input type="checkbox"/>	Dairy Cattle	<input type="checkbox"/>	Sheep/Goats	<input type="checkbox"/>	

Description of Livestock (i.e breed, age, tag or tattoo #, markings, etc)

Was a exam or necropsy performed by a licensed veterinarian? YES or NO
If yes, attach a copy of the report.

Name of Member Reporting Loss _____
(Print first name, MI, last name)

Signature: _____ Date: _____

**Send completed application, copy of the accident report,
and any other information from section 3 to:
Northeast Counties Farm Bureau , 8220 State Route 45, Suite B, Orwell, OH 44076**