## NOTICE OF LOSS (LIVESTOCK)

NAME OF INSURED	:		
ADDRESS	:		
POLICY NUMBER	:		
LIVESTOCK INSURED	:		
CAUSE OF DEATH	:		
NUMBER OF HEADS	:		
DATE OF OCCURRENCE OF LOSS	:		
SIGNATURE	:		
		CE OF LOSS VESTOCK)	LIV-CAS-01
NAME OF INSURED			LIV-CAS-01
NAME OF INSURED ADDRESS		VESTOCK)	LIV-CAS-01
		VESTOCK)	
ADDRESS		VESTOCK)	
ADDRESS POLICY NUMBER		VESTOCK)	
ADDRESS POLICY NUMBER LIVESTOCK INSURED		VESTOCK)	
ADDRESS  POLICY NUMBER  LIVESTOCK INSURED  CAUSE OF DEATH		VESTOCK)	