

## ANIMAL MORTALITY APPLICATION for HORSES



(Minimum Earned Policy Premium \$250.00)

Des duessis Name	(			-									
Producer's Name					Applicant's Name								
Agency Code <u>87 -</u> Mail Address				City ST Zip									
City, ST Zip					City, ST Zip								
Phone			ax										
Fax			-Mail Addres	s									
E-mail Address				-	term 12 months	s).							
E-mail Address Policy Term Desired (maximum term 12 months):													
	·			ed Liability Corp.									
Proposed Effective Date:													
(Coverage begins on the date of acceptance by the Com	ipany) LEndor	sement			•								
A. Animal Name	Date of Birth	Date of	Purchase	Purchase Price (	or stud fee if raised)	equested	Lim	it of l	nsura	nce			
Identification (Sire/Dam, Registration#, Tattoo#, Mic	crochip#, or Pictures if unre	egistered)	Sex (Stallion,	Mare, Colt, Filly, Gelding)	Breed			<u>Use</u>	2				
Primary Stable Location:													
B. Animal Name	Date of Birth	Date of	Purchase 1 -	Purchase Price	or stud fee if raised)	equested	Lim	it of li	nsura	nce			
Identification (Sire/Dam, Registration#, Tattoo#, Mic	crochip#, or Pictures if unre	egistered)	Sex (Stallion,	Mare, Colt, Filly, Gelding)	Breed			Use	2				
Primary Stable Location:						I.							
	Limits of Insu	rance ar	re subiect	to company a	oproval.								
For a Requested Limit of Insuran	ce that does not	equal the	Purchase	Price, complete a	ind attach a Sub	stantiat	ion d	of Va	ue.				
Type of Coverage Requested:													
A B A B A B													
Mortality - Full     Major Medical \$7,500     D Loss of Use													
Mortality - Limited     Major Medical \$10,000     D Loss of Use-Limited													
Renewal Protection       Align Medical \$15,000       Surgical \$5,000 Limit         Major Medical \$5,000, Basic       Major Medical \$10,000 high deductible       Aggregate Deductible													
☐ ☐ Major Medical \$5,000, Basic			ess and Dis		Contraction of the contract of	Deductit	ЛС						
		•					Hors	e A	Hors	еB			
							Υ	N	Y	N			
1. Was a pre-purchase exam complete													
<b>2.</b> Has the horse been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, or other than routine care within the last year?													
<ol> <li>Is the horse currently free of lameness and healthy without the use of drugs?</li> </ol>									Π				
· · ·	Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months?												
4. Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months? <ul> <li>Does the horse have any past conformational problems or defects, illness or disease, lameness, or injury or physical</li> <li>Image: the thorse have any past conformational problems or defects, illness or disease, lameness, or injury or physical</li> </ul>													
5. disability including, but not limited to: laminitis/founder, OCD, neurological disorders (e.g. EPM) navicular disease, and/or													
degenerative joint disease?         6.       Has the horse been nerved or received any treatment for lameness?													
Has the borse received any joint injections, any type of medication long or short term, or any preventative treatments in the									_	_			
7. last 36 months?													
8. Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 36 months?													
Is the horse due to foal any time during the requested Policy Period?							_	_	_	_			
9. If Yes, please give: Estimated Foaling Date:; Number of Previous Foals:; Stud fee:									Ш	Ш			
		,		Stud fee					_				
<ul> <li>Has the horse ever experienced birthing difficulties? (Mares only)</li> <li>Deep the horse hove an expecter known to correct HVRP2. If No. places move on to question 12.</li> </ul>													
<ul> <li>11. Does the horse have an ancestor known to carry HYPP? If No, please move on to question 12.</li> <li>a. Has the horse been HYPP tested? If Yes, please check the test results.</li> </ul>													
	hing difficulties?(Nown to carry HYPF	evious Fo Mares only P? If No, p	als:; /) blease move	on to question <b>12</b> .									
a. Has the horse been HYPP tes	hing difficulties?(N nown to carry HYPF sted? If Yes, please	evious Fo Mares only P? If No, p	als:; /) blease move e test results	on to question <b>12</b> .				_		_			
<ul> <li>a. Has the horse been HYPP tes N/N</li> <li>b. Please check the HYPP test r</li> </ul>	hing difficulties? (Nown to carry HYPF sted? If Yes, pleas A B N/ esults of the horse	evious For Mares only ? If No, p e check th H □A [ s Sire and	als:; /) blease move e test results ]B H I Dam.	on to question <b>12</b> . I/H □A □B									
<ul> <li>a. Has the horse been HYPP tes N/N</li> <li>b. Please check the HYPP test r Sire: N/N</li> </ul>	hing difficulties? (Nown to carry HYPF sted? If Yes, pleas A B N/ esults of the horse' A B N/	evious Foa Mares only ?? If No, p e check th H □A [ s Sire and H □A [	als:; /) blease move e test results ]B H I Dam. ]B H	on to question <b>12</b> . I/H □A □B	Unknown								
<ul> <li>a. Has the horse been HYPP tes N/N</li> <li>b. Please check the HYPP test r Sire: N/N</li> <li>Dam: N/N</li> </ul>	hing difficulties? (Nown to carry HYPF sted? If Yes, pleas A B N/ esults of the horse A B N/ A B N/	evious Formation $\mathbb{P}^{2}$ If No, present the second sec	als:; /) blease move e test results ]B H I Dam. ]B H	on to question <b>12</b> . I/H □A □B	Unknown 🗆 A Unknown 🗛								
<ul> <li>a. Has the horse been HYPP tes N/N</li> <li>b. Please check the HYPP test r Sire: N/N</li> </ul>	hing difficulties? (Nown to carry HYPF sted? If Yes, pleas A B N/ esults of the horse A B N/ A B N/	evious For Mares only ? If No, p e check th HA [ S Sire and HA [ HA [ rmptoms?	als:; /) blease move e test results ]B H I Dam. ]B H	on to question <b>12</b> . I/HAB I/HAB I/HAB									

**12.** Will the horses be observed and cared for daily?  $\Box$ Yes  $\Box$ No If No, explain:

**13.** Who was each horse acquired from?

14. Are you the sole owner of the horses? Tyes No If No, provide other owner's % of interest, name and address:

15. Loss Payee(s):

(Name and Address)

16. If the Purchase Price was not paid entirely in cash, please describe the transaction in detail.

**17.** Are the horses leased to others? Tyees No If Yes, please attach a copy of the lease(s).

**18.** Is there any other insurance on the horses?  $\Box$ Yes  $\Box$ No If Yes, provide the carrier name:

Expiration date: \_\_\_\_\_ Amount of coverage: \_\_\_\_

**19.** Has any insurance carrier ever canceled, non-renewed or refused to insure any horse in which you have or had an insurable interest? Yes No If Yes, provide details: (Not applicable in MO)

20. Have you lost any horse in the last 5 years (whether or not insured) or have any medical/surgical or colic claims been filed on the above listed horse? Yes No

If Yes, give date, cause, value and explain:

**21.** Name, address, and telephone number of the horse's primary licensed Veterinarian:

22. Do you understand that the insurance policy you are applying for requires you to give the Company immediate notice of any covered animal's death, injury, sickness, or disease, along with a description of the condition and the name of the attending veterinarian? Do you also understand that failure to give this immediate notice may result in the denial of a claim?  $\Box$ Yes  $\Box$ No

Please provide details for any "Yes" answers to questions 2,4,5,6,7,8,10 and 11c. and any "No" answers to questions 3 and 22.

## Note: A Veterinarian Certificate of Exam is required if:

- 1. Horse is under 6 months of age
- 2. Horse is over 16 years of age
- 3. Horse is valued over \$50,000

4. You have not known the horse over 30 days (A pre-purchase exam no older than 30 days can be submitted in place of the vet exam)

## COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU INCONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY USOR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEWYOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS ANDOUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMITA REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE ORSTATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVILPENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

**IN THE DISTRICT OF COLUMBIA**, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDINGTHE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IFFALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**IN FLORIDA**, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**IN KANSAS**, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE ORBELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF,OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR ACLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TOCONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATIONCONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY ORANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FORTHE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BEA CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**IN WASHINGTON**, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OFDEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THEANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HERKNOWLEDGE.

APPLICANTS SIGNATURE		DATE (Must be no more than 30 days prior t	o policy effective date)
PRODUCERS SIGNATURE	PRODUCERS	S NAME(Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)