



Agency
Agent Address
City, State, Zip
Agt Contact Info

Full Mortality & Theft Application
(Completion of Application does not bind Company to risk)

New Policy Add to Existing Policy #H6100_____ Effective date: _____

1. Named Insured – Full Name(s)/DBA: _____
 Individual Joint Venture Organization Corporation Partnership Syndication

2. Address: _____
City: _____ State: _____ County _____ Zip: _____ Home Ph: (____) _____ - _____

3. Business Phone: (____) _____ - _____ Facsimile #: (____) _____ - _____ Occupation: _____
Email Address: _____ (Only used to receive claims info from Company)

4. **Notice of Insurance Information Practice:** Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may be disclosed to third parties for underwriting purposes only. You have the right to review your personal information in our file and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instruction on how to submit a request to us. DOB: ____/____/____ SS # ____ - ____ - ____

5. **Full Mortality & Theft, including up to \$3,000 Emergency Colic Surgery, \$0 Deductible, subject to no prior colic history.** Certain risks are not eligible for FMT coverage. Consult your agent concerning Restricted Perils (R.P.)/Accident Only (Acc. Only)

A. List Horses to be Insured Below for FMT

B. Total # of Horses Owned: _____

#	Name/Registration No.*	Breed	Date of Birth	Sex	Exact Use	Purchase Date	Purchase Price	Insured Amount	Rate
1									
Opt Covers (Discuss with Agent): <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 Major Med **; <input type="checkbox"/> Surgical; <input type="checkbox"/> Guar. Ext.; <input type="checkbox"/> Agreed Value; <input type="checkbox"/> Int'l Transit; <input type="checkbox"/> Worldwide Ext. ***; <input type="checkbox"/> Stallion ASD; <input type="checkbox"/> 60% Full LOU; <input type="checkbox"/> 60% Accident Only LOU; <input type="checkbox"/> Pro-Foal; <input type="checkbox"/> R.P./Acc. Only									
2									
Opt Covers (Discuss with Agent): <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 Major Med **; <input type="checkbox"/> Surgical; <input type="checkbox"/> Guar. Ext.; <input type="checkbox"/> Agreed Value; <input type="checkbox"/> Int'l Transit; <input type="checkbox"/> Worldwide Ext. ***; <input type="checkbox"/> Stallion ASD; <input type="checkbox"/> 60% Full LOU; <input type="checkbox"/> 60% Accident Only LOU; <input type="checkbox"/> Pro-Foal; <input type="checkbox"/> R.P./Acc. Only									

*Provide name of sire and dam for unnamed foals. Unregistered horses require current photographs and Brand Inspection or (EIA) Coggins Cert. Certain Optional Coverage requires Supplemental Applications and prior approval by Company. Discuss with Agent on availability for your horses.
** Not available for race horses or horses in race training. Coverage must be approved by Company Underwriting.
*** If Worldwide requested, International Transit must be written and approved by Company Underwriting.

6. a.) Are you the sole owner of the horse(s) listed? Yes No b.) Is the horse(s) being leased? Yes No
c.) Name & address of additional insured/loss payee/lessee? _____

7. a.) If requested insured amount exceeds documented purchase price for listed horse(s), please complete Value Substantiation App.
b.) Was purchase price cash, trade or both? Explain: _____
c.) Acquired from: _____

8. List stud fee paid for all homebred foals listed above: \$_____

9. Have you lost **any** animal in the last three (3) years (whether or not insured) or have any insurance claims been filed for any of the above listed horse(s)? Yes No If yes, give date, cause, value and explain: _____

10. Has any insurer ever refused or cancelled insurance for you or any horse(s) listed above? Yes No If yes, explain: _____

11. To your knowledge, have any of the above horses suffered an accident, sickness, or disease, had any veterinary treatment (apart from preventive inoculations) or have been unsound in any way? Yes No If yes, explain: _____

12. For Qtrs/Apps/Paints, does the horse(s) have a pedigree link to HYPP? Yes No If yes, Test Date: _____
Results: _____ N/N; N/H; H/H; N/A (Note: H/H horses are not insurable)

13. Has the listed horse(s) been previously insured? Yes No If yes, give policy expiration date, exact insured amount and company's name: _____

14. a.) Name and Location of person who will have care, custody and control on horse(s) listed above: _____

b.) Number of years of experience: _____

c.) Age, type and condition of building and fencing _____

15. Is/Are the horse(s) stabled, or are they kept in an open pasture? Stabled Open Pasture; Please give details: _____

16. Describe supervision (day and night): _____

17. a.) Are video monitors used for foal watch? Yes No b.) Is transportation readily available for emergencies? Yes No

18. Name and phone number of regular Vet: _____

19. Has the horse(s) received regular semi-annual Influenza, Rhino Pneumonitis and West Nile Virus and annual tetanus, Eastern and Western Equine Encephalitis inoculations and remained on its' regular de-worming program administered, supervised or recommended by your regular Vet? Yes No If no, explain: _____

20. a.) How Many miles to closest surgical facility? _____ b.) Is your regular Vet on staff there? _____

21. a.) Is horse(s) in competition? Yes No; b.) If yes, how many times a year? _____

c.) List classes/divisions: _____; d.) Outside the Continental U.S.? Yes No Explain: _____

22. a.) How many times is horse(s) shipped/hailed a year? _____ b.) Max. miles shipped each trip? _____

c.) Does mare and stallion travel to be bred or breed? Yes No; Explain: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (See separately attached Fraud Warnings for your State's specific wording).

I understand that **IMMEDIATE NOTICE** must be given to the Company upon any injury, illness, surgery, disease or death of an animal, and I agree to do so. I also understand that in the event of the death of an insured horse, a postmortem exam by a qualified veterinarian must be provided at my expense.

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Agent's Code #: _____

Payment Plan Options:

- Annual Payment Semi-Annual (premiums \$500 or greater) Quarterly (premiums \$1,000 or greater)

VETERINARY CERTIFICATE OF EXAMINATION

The horse being examined for insurance should be moved about outside of the stall and viewed from front and back to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and possible presence of contagious disease. **If Loss of Use coverage is desired by the horse owner please secure LOU Supplemental App. From Agent.**

TO THE VETERINARIAN: Horses with a history of colic, founder or nerving may not be insurable. If there is evidence or knowledge of these problems, please provide all details or medical history. I, _____ **do certify that I am a graduate Veterinarian holding a current license to practice in the state of _____ with current license # _____ and that I have this date examined:**

****One horse per Veterinary Certificate. Please make additional copies as needed for additional horses.****

Name & Reg. #/Tattoo	Breed	Age	Color	Sex	Sire/Dam

Owned By: _____ Location of animal(s): _____

- | | Yes | No | | Yes | No |
|--|-------|-------|--|-------|-------|
| 1. Pulse & Respiratory normal? | _____ | _____ | 21. Has above horse remained on a consistent, effective de-worming program at least every 90 days? | _____ | _____ |
| 2. Temperature normal? | _____ | _____ | 22. Are semi-annual influenza, rhino pneumonitis and WNV and annual tetanus, EEE & WEE up to date? | _____ | _____ |
| 3. Eyes clinically normal? | _____ | _____ | 23. Any indication of infectious disease? | _____ | _____ |
| 4. Heart auscultated & found normal? | _____ | _____ | 24. Contagious disease on premises or in area? | _____ | _____ |
| 5. History or evidence of bleeder? | _____ | _____ | 25. Any clinical evidence of objectionable vices or habits? | _____ | _____ |
| 6. History or evidence of nerving? | _____ | _____ | 26. Is stabling and/or fencing adequate? | _____ | _____ |
| 7. Ever been treated for navicular disease/ arthritis/laminitis or founder? | _____ | _____ | 27. Are you the usual Veterinarian? How long have you treated this animal? | _____ | _____ |
| 8. Any indication or history of lameness and/or faulty conformation? | _____ | _____ | 28. Have you discussed the horse's health history with the owner or caretaker? | _____ | _____ |
| 9. Any performance enhancing procedures including intramuscular and/or intra-articular injections? | _____ | _____ | 29. Has a complete pre-purchase or soundness exam been performed within the past 90 days? (If yes, provide copy) | _____ | _____ |
| 10. Evidence of firing or blistering? | _____ | _____ | For foals 24 hours to 90 days of age, you must also complete the following questions: | | |
| 11. Subject to or any history of gastrointestinal/ digestive/colic disorders? | _____ | _____ | 30. Was birth normal with no complications? If no, please attach details on separate page. | _____ | _____ |
| 12. Has any surgery been performed? If yes, attach details on separate page. | _____ | _____ | 31. Pulse strong and normal? | _____ | _____ |
| 13. If any surgery performed, has horse fully recovered? | _____ | _____ | 32. Respiratory regular & completely clear? | _____ | _____ |
| 14. Is there likelihood of future danger to life or limb as a result of such surgery? | _____ | _____ | 33. Normal urination & bowel movement? | _____ | _____ |
| 15. If male, are both testicles evident? Date castrated? _____ | _____ | _____ | 34. Has foal received any medications? | _____ | _____ |
| 16. If female, is she reported in foal? If in foal, give due date: _____ | _____ | _____ | 35. Is IgG normal on this date? | _____ | _____ |
| 17. Any conditions detrimental to satisfactory breeding? | _____ | _____ | | | |
| 18. Ever been tested/treated for EPM? If yes, Date: _____ Results: _____ | _____ | _____ | | | |
| 19. HYPP test results: N/N; N/H; H/H Date: _____ | _____ | _____ | | | |
| 20. Date of last coggins? _____ Results: _____ | _____ | _____ | | | |

Describe the type of work the horse has been in the last six (6) months. If at rest or turned out please explain why? _____

Explain any animal husbandry or feed management concerns, propensities, conformational problems, abnormal history, evidence or any other condition that may affect the welfare, health or use of the animal: _____

Except as noted, I certify that to the best of my knowledge the above information is correct and I believe this horse is healthy and free of any prior health conditions and lameness conditions.

Vet Signature: _____
 Address: _____
 City, St, Zip: _____

Exam Date: _____
(Application & VC must not be older than 30 days of date and time completed)