

Agent Name	Agent Number
Signature	License Number

**INSURANCE CARRIER: STARNET INSURANCE COMPANY**

U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005, (866) 298-5525

**RENEWAL APPLICATION FOR ANIMAL MORTALITY COVERAGE - THIS IS NOT A BINDER**

**Indicate Coverage(s) Desired (Subject to Company Approval):**

Name: (As it will appear on the policy)	Daytime Telephone Number ( )	General Mortality <input type="checkbox"/>	Agreed Value/Guaranteed Renewal <input type="checkbox"/>
Mailing Address:	Evening Telephone Number ( )	Named Perils <input type="checkbox"/>	Special Accidental Mortality <input type="checkbox"/>
Mailing Address:	Fax Number ( )	Limited Named Perils <input type="checkbox"/>	Other _____ <input type="checkbox"/>
City, State and Zip Code	Email Address	Loss of Use #1 <input type="checkbox"/>	Other _____ <input type="checkbox"/>
		VS-No Diag. Co-Pay ___ \$10,000 <input type="checkbox"/> ___ \$15,000 <input type="checkbox"/>	
		Veterinary Services <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$12,500 <input type="checkbox"/> \$15,000	
		Surgical <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000	
<input type="checkbox"/> BILL TO THE AGENT <input type="checkbox"/> BILL TO THE INSURED _____ PAY PLAN			

<b>Policy Period:</b> From _____ to _____ (Coverage begins on the date of acceptance by the Company)	<b>COVERAGE WILL NOT BE CONSIDERED UNLESS THIS FORM IS FULLY COMPLETED, SIGNED AND DATED BY THE APPLICANT. COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.</b>
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**INCREASES IN AMOUNTS OF INSURANCE ARE SUBJECT TO OUR ACCEPTANCE. VALUE SUBSTANTIATION MUST BE PROVIDED.**

Please use the following codes when indicating the sex of the horse: CO - Colt, FI - Filly, GE - Gelding, ST - Stallion, MA - Mare, RI - Ridgling, HO - Horse

Animal's Name and Registration Number/Tattoo Number *	Date of Birth	Sex	Breed	Exact Use	Current Insurance Limit	Requested Renewal Amt.
1.						
2.						
3.						

\* A photo is required for unregistered animals.

- Has there been any change in the ownership or location of any animals?  Yes  No If yes, describe in detail: \_\_\_\_\_
- If animals are boarded at a new location, indicate the age of the stables and any fire protection devices present: \_\_\_\_\_
- Are animals healthy and free from lameness?  Yes  No If no, provide full details: \_\_\_\_\_
- Has any animal received treatment for an accident, illness, lameness or colic in the last 12 months?  Yes  No If yes, provide complete details, including occurrence date(s): \_\_\_\_\_
- If a new veterinarian is caring for your animal(s), please indicate the new veterinarian's name, address and phone number: \_\_\_\_\_
- Do all animal(s) listed receive a) Quarterly deworming, b) Semi-annual Influenza and Rhinopneumonitis vaccinations, c) Annual Tetanus and Encephalitis vaccinations and d) Annual dental exam:  Yes  No If "NO" explain: \_\_\_\_\_
- If animals are trained and the trainer has changed in the last 12 months, please indicate the name, address and amount of experience of the new trainer. \_\_\_\_\_
- Current justification of value (show/performance/breeding records, and/or training fees). Attach separate sheet if necessary. \_\_\_\_\_

## FRAUD NOTICES AND APPLICANT'S SIGNATURE

**STANDARD** – Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such persons to criminal and civil penalties.

**NOTICE TO ARKANSAS APPLICANTS** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO FLORIDA APPLICANTS** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS** – Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MINNESOTA APPLICANTS** – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW YORK APPLICANTS** – Any person who knowingly and with intent to defraud any insurance company or any 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, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

**NOTICE TO NEW JERSEY APPLICANTS** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO OHIO APPLICANTS** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS** – **WARNING** – Any person who knowingly, and with intent to injury, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS** – Any person with the intent to knowingly defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

**NOTICE TO PENNSYLVANIA APPLICANTS** – Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject the person to criminal and civil penalties.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY: BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT THAT BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Signature of Applicant	Date	Printed Name of Applicant	Relationship of Applicant to the Named Insured
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