

Horse Mortality Application

(Completion of Application does not bind Company to risk)

New Policy Add to Existing Policy #: _____ Proposed 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: _____ Cell #: _____ Occupation: _____
Email Address: _____ (Company/Agent use for Claims/Policy Info Distribution)

4. Horse Location: _____
Address: _____
City: _____ State: _____ County: _____ Zip: _____ Phone: _____

5. **COVERAGE:** (Consult your Agent concerning eligibility of animal's use, age, and health for appropriate coverage available to you)
 Full Mortality, Theft, ECS, Wobblers (thru 12 yrs) Limit Mortality: Specified Perils; Accident Only
Broadening Coverage Forms? (Optional Covers not available for Limited Peril policies)
 Guar. Extension; Agreed Value (Proof Required);
 Intern'l Transit; Worldwide***;

6. **ANIMAL(S) TO BE COVERED:** (Copy for additional horses or use supplemental Schedule)

#	Name/Registration No.	Breed	Date of Birth	Sex	Exact Use	Purchase Date	Purchase Price	Insured Amount	Rate
1									
Stud Fee (Homebred Foals): \$		Sire's Name:			Dam's Name:				
Color & Markings Description:									
Optional Covers: MAJOR MEDICAL <input type="checkbox"/> \$5,000; <input type="checkbox"/> \$7,500; <input type="checkbox"/> \$10,000; <input type="checkbox"/> \$10,000 HD; <input type="checkbox"/> \$15,000 <input type="checkbox"/> SURGICAL \$7,500									
2									
Stud Fee (Homebred Foals): \$		Sire's Name:			Dam's Name:				
Color & Markings Description:									
Optional Covers: MAJOR MEDICAL <input type="checkbox"/> \$5,000; <input type="checkbox"/> \$7,500; <input type="checkbox"/> \$10,000; <input type="checkbox"/> \$10,000 HD; <input type="checkbox"/> \$15,000 <input type="checkbox"/> SURGICAL \$7,500									

(Stallion Infertility (ASD), Loss of Uses (LOU), Pro-Foal & Barrenness coverages require specific Supplemental Apps)

7. Are you the sole owner of the horse(s) listed? Yes No. Any Lease Agreements? Yes No *(If yes, Attach copy)*
Name & address of additional insured/loss payee/lienholder on listed horse? _____

8. Was horse paid for by cash, trade or both? Details: _____ *(JOV required if Insd Amt > Price Pd)*
b.) Acquired from: _____

9. Do you own other horses not listed above? Yes No. **If yes, how many?** _____

10. Have you applied, or carried, Equine Mortality insurance before? Yes No. **If yes, provide Carrier Loss Report**

11. Have you had any loss to any animal(s) in the last 5 years? Yes No. **If yes, provide date, name, loss amounts, cause, and Vet info details:** _____

12. Have you ever been cancelled or non-renewed by another insurance Company? Yes No. Reason: _____

13. To your knowledge, has the horse(s) being applied for insurance, suffered any accident, illness, injury, disease or treated by a veterinary for any lameness condition? Yes No. **If yes, details – horse, condition, date, & treating Vet:** _____

14. Has any horse(s) above received any medications for any health or lameness condition, or performance enhancement?
 Yes No? **If yes,** Oral; Subcutaneous (SQ); Intramuscular (IM); Intra-articular (IA); Intravenous (IV);
 Ocular (eye)? **If Intra-articular (IA) joint injections provide Veterinarian diagnostic report confirming condition**
Medication name? _____

15. Any congenital or hereditary birth defects known to exist in horse above (neurologic, skeletal, spinal, conformational problems)? Yes No. **If yes, Condition and results if applicable:** _____
16. Was a Pre-Purchase Exam conducted by a veterinarian at time of purchase? Yes No. **If yes, provide PPE**

USE & MANAGEMENT:

17. Boarding/Breeding Facility / Trainer / Individual with care, custody or control of listed horse(s)? _____
 Years of experience of a.) above? _____ Are premises suitable and safe-guarded for horses? _____
18. Describe general day & night keep of your horse(s)? Stalled Stalled w/ run Open Pasture.
19. Describe supervision & surveillance (day and night): _____
20. Is emergency transportation readily available for transport to Veterinarian care? Yes No
21. Name and contact information of regular Veterinarian: _____
22. Is horse on Veterinarian's recommended inoculations and regular de-worming programs administered, supervised or recommended by your regular Vet? Yes No. **If No, explain:** _____
23. a.) How far to the closest surgical facility? _____ b.) Is your regular Vet on staff there? _____
24. a.) Is/Are horse(s) in competition? Yes No b.) Times a year? _____ c.) Use/Class/Level: _____
 d.) Travel outside the Continental U.S.? Yes No. **If, Yes - details:** _____
25. a.) How many times shipped/hailed a year? _____ b.) Maximum miles shipped each trip? _____
26. a.) Does listed horse(s) travel to be bred or breed? Yes No. **Details:** _____

Notice of Insurance Information Practice: *Personal information about YOU may be collected by others. Such personal and privileged information collected by the COMPANY, or agents, may be disclosed to third parties for underwriting purposes only. YOU have the right to review your personal information in the COMPANY'S file and can request correction of any inaccuracies. A more detailed description of YOUR rights and the COMPANY'S practices regarding such information is available upon Agent request.*

I understand, and agree to, **IMMEDIATELY NOTIFY** the Company upon any injury, illness, surgery, disease or death of an animal, **and further that other reporting time conditions apply in the event of a claim hereunder.** 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 (attached by page 3) 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/Company 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 and Company be released from any liability in connection with the claim.

Applicant's Signature: _____ Date: _____

Agent's Code #: _____ Agent's Res/NR License # _____ Lic Exp Date: _____
 (Resident/Non-resident Lic # for Client State above)

Agent's Signature: _____ Date: _____

Applicable State Insurance Fraud Clauses

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 Fraud Warnings for your State's specific wording following).

- AL "Any person who knowingly present a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof." (AL ST s 27-12A-2)
- AR, LA, RI, WV "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." (AR ST s 23-66-503) (LA R.S. 40:1424) (RI ST s 27-54-8) (WV ST 33-41-3)
- CA "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."
- CO "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, misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies." (CO ST s 10-1-128)
- DC "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant." (DC ST s 22-3225.09)
- FL "Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree." (FL ST s 817.234)
- HI "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both." (HI ST s 431:10C-307.7)
- KY "Any person who knowingly and with intent to defraud any insurance company or other 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." (KY ST s 304.47-030)
- ME "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits." (ME ST T. 24-A s 2186)
- NJ "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties." (NJ ST s 17:33A-6)
- MD, NM "Any person who knowingly and willfully 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." (MD Insurance s 27-801) (NM ST s 59A-16C-8)
- NY "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 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 and the stated value of the claim for each such violation." (NY INS s 403 (Consol.); 11 NY ADC 86.4)
- OH "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 a false or deceptive statement is guilty of insurance fraud."
- OK "WARNING: Any person who knowingly, and with the intent to injure, 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." (OK ST T. 36 s 3613.1; OK ADC 365:10-1-11)
- PA "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 thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties." (PA ST Ti. 18 P.S. s 4117)
- TN, VA, WA "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits." (TN ST s 56-53-111) (VA ST s 52-40) (RCW 48.135.080)
- OR, TX "Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law"