

## Equine Mortality Renewal Questionnaire

(Completion of Application does not bind Company to risk)

Expiring Pol. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

**NAMED INSURED** – Full Name(s)/DBA: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*(Company/Agent use for Claims/Policy Info Distribution)*

**HORSE LOCATION:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**COVERAGE:** (Consult your Agent concerning eligibility of animal's use, age, and health for appropriate coverage available to you)  
 Full Mortality, Theft, & ECS? Limit Mortality?:  Restricted Peril;  Accident Only  
 Broadening Coverage Forms? (Optional Covers not available for Limited Peril policies)  
 Guaranteed Extension;  Agreed Value (JOV Required);  
 International Transit;  Worldwide

**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 (If unregistered, provide Coggins): \_\_\_\_\_  
**Optional Covers: MAJOR MEDICAL \*\***  \$5,000;  \$7,500;  \$10,000;  \$10,000 HD;  \$15,000:  **SURGICAL \$7,500:**

*(Note: Stallion Infertility (ASD), Loss of Uses (LOU), Pro-Foal & Barrenness covers require specific Supplemental Apps)*

1. Has ownership interest changed in any way?  Yes  No. If so, Animal #: \_\_\_\_\_;  Add'l Insured  Loss Payee  
 Loss Payee or Additional Insured Name: \_\_\_\_\_ Interest: \_\_\_\_\_
2. Any history of conformational problems or defects, lameness, injury, illness or disease, or physical disability including but not limited to: Laminitis/Founder, OCD, neurological disorders, Navicular Disease and/or Degenerative Joint Disease?  Yes  No. **If Yes, explain and provide history:** \_\_\_\_\_
3. Any colic or intestinal disorder within the last 12 months?  Yes  No. **If Yes, explain and provide history:** \_\_\_\_\_
4. Has the horse(s) been nerved, or received any surgical treatment, or required any diagnostic ultrasound or x-rays for lameness within the last 12 months?  Yes  No **If Yes, explain and provide history:** \_\_\_\_\_
5. Has the horse(s) been examined or treated by a veterinarian for other than annual inoculations, de-worming, or routine care within the last 12 months?  Yes  No **If Yes, explain and provide history:** \_\_\_\_\_
6. Has the horse received any joint injections, any type of medication long or short term, or preventative treatments in the last 12 months?  Yes  No? **If Yes, Medication name & frequency given?** \_\_\_\_\_  
**If Yes, how administered?**  Oral;  Subcutaneous (SQ);  Intramuscular (IM);  Intra-articular (IA);  Intravenous (IV);  Ocular (eye)? **(If Intra-articular (IA) joint injections provide Veterinarian diagnostic report confirming condition)**
7. Are there any changes in use, frequency, or levels of showing?  Yes  No. **Yes, Explain:** \_\_\_\_\_
8. Any changes in boarding/training facilities, or access to normal Vet, or miles to the closest surgical facility?  Yes  No. **If Yes, Explain:** \_\_\_\_\_
9. Is the horse(s) due to foal any time during the proposed policy period?  Yes  No **If yes, foaling date:** \_\_\_\_\_; **Any history of unsatisfactory breeding?** \_\_\_\_\_

**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/we declare that I/we have read the specific Fraud Warning applicable to my/our state (attached by page 2) 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: \_\_\_\_\_  
 (SOH's invalid > 30 days of expiration)  
 Agent's Code #: \_\_\_\_\_ 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 separately attached Fraud Warnings for your State's specific wording).

- 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"