



Desired Eff. Date: _____

Optional Coverage - Attach Supp. App.

- Full Mortality/Theft Restricted Perils
- Accident Only Agreed Value
- Major Medical Surgical
- \$5,000 \$7,500 \$10,000
- Stallion Infertility 12 month extension
- Emerg. Colic Surg. Transit Worldwide

APPLICATION FOR HORSE MORTALITY INSURANCE
This is NOT a binder

(TO BE COMPLETED BY THE INSURED)

NAME OF OWNER _____ ADDRESS _____
Street City State Zip Code County
 HOME PHONE _____ BUSINESS PHONE _____ SOCIAL SECURITY #: _____

New Policy? Add to existing policy? If so, Certificate No. _____ BIRTH DATE: _____

Add'l Insd./Loss Payee/Lessor/Lessee? _____ Percent Interest? _____

***Use the following codes to indicate sex of animal: M - Mare; F - Filly; C - Colt; S - Stallion; G - Gelding**

Horse # 1 Name & Registration #	Sex	Breed	Date of Birth	Exact Use & Function	Amount of Insurance Desired
Sire	Dam		Purchase Price	Purchase Date	Purchased From
					Rate

1. State nature of any illness or injury to above animal in the last 36 months. _____
2. Have any horses owned by you died in the last 36 months? _____ Date: _____ Cause: _____
3. Is this animal presently or has it previously been insured? _____ If yes, give expiration date, exact insured amount and company's name: _____
4. Method of worming used? _____ How often? _____
5. Describe your feeding & supplement program during specific seasons of the year as well as during the show/competition or breeding seasons.
 Summer feed: _____
 Winter feed: _____
 Breeding/Competition feed: _____
6. Name of person having care, custody and control of horse if other than the named insured: _____
 Address and telephone # _____
7. Do you understand that immediate notification is required by telephone of any illness, injury, surgery, disease or death or your claim may be denied, and do you agree to do so? _____
8. If you are insuring your horse for more than the purchase price, the amount of insurance must be justified by show record, training expenses incurred since the purchase of this animal, race winnings, stud fee paid if mare is in foal, etc. Please give complete information to justify value:

9. Name, address and telephone number of your usual veterinarian: _____

10. Does the above listed animal(s) travel outside of the continental United States or Canada? _____ Where? _____

FRAUD CLAUSE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 in certain circumstances be disclosed to third parties. 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 or broker for instruction on how to submit a request to us.

I-We certify that the information shown on this application is true and correct.

Date _____ Applicant Signature _____
(No trainers or agents)

Agent Name (Print): _____ Agent Signature: _____

Agency Code # _____

Agent's License # _____