



**ANIMAL MORTALITY APPLICATION**

Producer's Name _____ Agency Code <u>87-</u> _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ FEIN or SOC SEC # _____ Mail Address _____ City, ST Zip _____ Phone ( ) - _____ Fax ( ) - _____ E-Mail Address _____
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Individual
  Partnership
  Corporation
  Joint Venture
  Limited Liability Corp.
  Other \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Policy Term Desired (maximum term 12 months): \_\_\_\_\_

<p align="center"><b>Type of Coverage Requested:</b></p> <input type="checkbox"/> Full Mortality <input type="checkbox"/> Mortality-Limited <input type="checkbox"/> Major Medical <input type="checkbox"/> Renewal Protection <input type="checkbox"/> Surgical <input type="checkbox"/> Loss of Use <input type="checkbox"/> Other _____	<p><b>(Minimum Policy Premium \$150.00)</b>                  (Coverage begins on the date of acceptance by the Company)</p>
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<b>1.</b>	<b><u>Animal Name</u></b>	<b><u>Breed</u></b>	<b><u>Date of Birth</u></b>	<b><u>Purchase Price (or stud fee if raised)</u></b>
<b><u>Positive Identification</u></b>		<b><u>Sex</u></b>	<b><u>Date Acquired</u></b>	<b><u>Insurance Desired</u></b>
Minimum of one selection required		<input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other _____	<b><u>Exact Use</u></b>	** For amounts other than purchase price, complete and attach <b>Substantiation of Value</b> . Amounts other than purchase price are subject to Company approval.
<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ *(color photos of front and sides of animal are required)			*If Show list all events	

<b>2.</b>	<b><u>Animal Name</u></b>	<b><u>Breed</u></b>	<b><u>Date of Birth</u></b>	<b><u>Purchase Price (or stud fee if raised)</u></b>
<b><u>Positive Identification</u></b>		<b><u>Sex</u></b>	<b><u>Date Acquired</u></b>	<b><u>Insurance Desired</u></b>
Minimum of one selection required		<input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other _____	<b><u>Exact Use</u></b>	** For amounts other than purchase price, complete and attach <b>Substantiation of Value</b> . Amounts other than purchase price are subject to Company approval.
<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ *(color photos of front and sides of animal are required)			*If Show list all events	

<b>3.</b>	<b><u>Animal Name</u></b>	<b><u>Breed</u></b>	<b><u>Date of Birth</u></b>	<b><u>Purchase Price (or stud fee if raised)</u></b>
<b><u>Positive Identification</u></b>		<b><u>Sex</u></b>	<b><u>Date Acquired</u></b>	<b><u>Insurance Desired</u></b>
Minimum of one selection required		<input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other _____	<b><u>Exact Use</u></b>	** For amounts other than purchase price, complete and attach <b>Substantiation of Value</b> . Amounts other than purchase price are subject to Company approval.
<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ *(color photos of front and sides of animal are required)			*If Show list all events	

1. Is applicant the sole owner of the animal(s) listed?  Yes  No If No, provide other owner(s) % of interest, Name and address: \_\_\_\_\_
2. Loss Payee(s): \_\_\_\_\_  
(Name and Address) \_\_\_\_\_
3. Has any same type of animal owned by the applicant died in the past 5 years, whether covered by insurance or not?  Yes  No  
If Yes, provide details: \_\_\_\_\_
4. Has any insurance carrier ever canceled or refused to insure any animal in which the applicant has or had an insurable interest?  Yes  No If Yes, provide details: (Not applicable in MO) \_\_\_\_\_
5. Name of current insurance carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
List optional coverage(s) provided: \_\_\_\_\_
6. Is there any other insurance on any animal listed?  Yes  No If Yes, provide the carrier name: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ Amount of coverage: \_\_\_\_\_
7. Name, address and telephone number of usual licensed Veterinarian: \_\_\_\_\_
8. Will the animal(s) be observed and cared for daily?  Yes  No If No, explain: \_\_\_\_\_
9. Does the applicant own any other animals of this type? .....  Yes  No
10. Has any animal listed been sick, diseased or injured during the past year? .....  Yes  No
11. Has any animal listed ever had colic/bloat or indigestion? .....  Yes  No
12. Has any animal listed experienced birthing difficulties? .....  Yes  No
13. Other than for routine care, is any animal listed receiving regular treatment or medication? .....  Yes  No
14. Has any animal listed been vaccinated for the West Nile Virus? .....  Yes  No  
If Yes, provide date of first vaccine and date of booster below.
15. Has any animal listed been HYPP tested? .....  Yes  No  
If Yes, please check result.  N/N  N/H  H/H
16. Has any animal listed experienced any HYPP signs or symptoms? .....  Yes  No
17. Is any animal listed leased to others? If Yes, attach copy of lease.....  Yes  No
18. Is any animal listed to be used for steeple chasing, or in hunting or jumping events? .....  Yes  No  
If Yes, indicate maximum height of jumps. \_\_\_\_\_
19. Is any animal listed to be raced? .....  Yes  No
20. Is any animal listed not stabled at your mailing address shown? .....  Yes  No  
If Yes, to any of the questions 9 through 20, please identify animal(s) and provide details:  
\_\_\_\_\_  
\_\_\_\_\_

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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, HI, NE, OH, OK, OR, or, VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied. See below for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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**Applicable in Colorado**

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**Applicable in Hawaii**

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.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she 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.

**Applicable in Oklahoma**

Warning: any person who knowingly, and with 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.

**Applicable in 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, may be committing a crime.

