



APPLICATION FOR EQUINE INSURANCE

This is not a binder. No application will be considered if not fully completed and signed by the Insured

Coverage Date _____ Owner's Name (as it should appear on the policy) _____

Address _____ City _____ State _____ Zip _____

Mobile _____ Evening _____ Fax _____ E-Mail Address _____

Coverage Requested:		<input type="checkbox"/> Mortality	<input type="checkbox"/> AS&D	<input type="checkbox"/> Prospective Foal to _____
	<input type="checkbox"/> Loss of Use	<input type="checkbox"/> Surgical Coverage	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Guaranteed Renewal			
Major Medical:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Name & Registration/Tattoo # (Sire and Dam if unnamed)	DOB	Sex	Breed	Use	Purchase Date	Purchased From	Purchase Price	Insured Amount**	Rate

****Amounts other than purchase price are subject to Company acceptance. Please provide explanation of value.**

1. Are you the sole owner of the horse(s)? _____ If not, list owners and addresses or lien holders/banks and address _____

If the horse is leased, please provide a copy of the lease.

2. Usual location of horse(s), give address and phone number _____

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

4. (a) Is horse(s) on vaccination and worming program approved by a vet? Yes ___ No ___ Frequency? _____

(b) Has horse been vaccinated against West Nile Virus? Yes _____ No _____

5. Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months? _____

6. For all Quarter Horses, Appaloosas or Paint horses, does any horse(s) have an ancestor known to carry HYPP? _____ If yes, indicate the status for each horse (N/N, N/H, H/H). Is the Horse Symptomatic? Yes _____ No _____

7. Are horse(s) presently insured? _____ Previously insured? _____ If yes to either questions, give name of company, date and amount _____

8. Has any company cancelled or refused to renew your coverage? _____ If yes, give reason _____

9. Has any horse(s) owned by you died within the past 5 years (whether or not insured)? Yes _____ No _____ If yes, state number of deaths and causes of death _____

DECLARATION OF HEALTH:

At inception of the policy, all animals must be sound, healthy and have no known injury, illness, lameness or disease. Any pre-existing conditions are not covered, unless otherwise noted and agreed to by the Company.

- 1. (a) Does the horse(s) have any history of injury, illness, lameness or disease (including melanomas, sarcoids, warts or other types of growth)? ____ If yes, give details, including date _____
 (b) Does the horse(s) have any conformation issues that could affect its ability to be used for the intended use? _____ If yes, give details _____
 (c) Any laminitis/founder, OCD, navicular disease, degenerative joint disease and/or neurologic disorders? ____ If yes, explain _____
- 2. (a) Has the horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative vaccinations) or are they unsound in any way? _____
 (b) Does the horse(s) receive any medications/supplements or joint injections? Yes ____ No ____
 If yes, explain _____
- 3. Has any horse(s) suffered from colic or any other gastro-intestinal related illness in the past 2 years? ____ If yes, give details, including dates _____
- 4. Has any horse(s) been examined or treated by a veterinarian for other than routine care? If yes, explain and give dates. _____
- 5. (a) Has any horse(s) undergone surgery (other than castration), been fired, blistered or nerved? Yes ____ No ____
 (b) Has the horse(s) undergone diagnostic ultrasound, x-rays or bone scans within in the last 24 months? Yes ____ No ____
 If the answer to 5(a) or 5(b) is yes, give details, including dates and results _____
- 6. Are any animals due to foal? Yes ____ No ____ If yes, what is the estimated date? _____
- 7. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the Company's acceptance of the proposed risk? _____



Substantiation of value on any horse insured for more than the purchase price _____



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.

I declare to the best of my knowledge and belief that the horse(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application for insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease or death of any insured horse. Not doing so may jeopardize coverage and result in denial of any claim made.

Signature of Applicant _____
Date Signed

Signature of Producer (Office Use Only) _____
Agent

Fraud Prevention – General Warning

NOTICE: Any person who knowingly, or knowingly assist another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with 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.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA 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 MAINE APPLICANTS: 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.

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 NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud knowingly 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 fact materially false information or conceal 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WEST VIRGINIA 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.