



ANIMAL MORTALITY RENEWAL APPLICATION
HORSES ONLY

Producer's Name	NORTHWEST INSURANCE LLC	Policy Number:	
Mail Address	200 N 3RD	Expiration Date:	
City, ST Zip	PURCELL, OK 73080	Applicant's Name	
Phone	(800)828-0279	Mail Address	
		City, ST Zip	

To apply for renewal coverage, you must complete and return this Animal Mortality Renewal Application before the expiration date shown above.

Below (H) = Hartford (S) = Starnet

Type of Renewal Coverage Requested:

1.	Animal Name and Location (City, State)	Registration Number	Use of Animal (*If Show, list all events)	Insured Value of Horse
<input type="checkbox"/>	Mortality - Full	<input type="checkbox"/> Major Medical \$10,00	<input type="checkbox"/> Increase emergency colic \$7,500 (S)	
<input type="checkbox"/>	Mortality - Limited	<input type="checkbox"/> Major Medical \$12,500 (S)	<input type="checkbox"/> Increase emergency colic \$10,000 (S)	
<input type="checkbox"/>	Major Medical \$5,000 Basic (H)	<input type="checkbox"/> Major Medical \$15,000	<input type="checkbox"/> Colic Treatment \$10,000 (S)	
<input type="checkbox"/>	Major Medical \$7,500 Basic (H)	<input type="checkbox"/> Major Medical \$10,000 High DED (H)	<input type="checkbox"/> Transit	
<input type="checkbox"/>	Major Medical \$7,500	<input type="checkbox"/> AS&D (Stallion Infertility)	<input type="checkbox"/> Other	
1.	Is the horse currently free of lameness and healthy without the use of drugs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has the horse been examined by a veterinarian within the last year? If yes explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the horse been nerved or received any treatment for lameness?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is the horse due to foal any time during the requested policy period?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes Give Foaling Date: _____ Stud Fee \$ _____ Number of previous foals _____			
8.	Has the horse shown any HYPP signs or symptoms?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If question 1 is answered No, and any other questions answered Yes, please explain on a separate page.				

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IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO ANY INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

Insured's Signature	Date
(DO NOT sign and return earlier than 30 days before the Expiration Date shown above)	