



ANIMAL MORTALITY RENEWAL APPLICATION HORSES ONLY

Producer's Name	NORTHWEST INSURANCE LLC	Expiration Date	<hr/>
Mail Address	200 N 3RD	Applicant's Name	<hr/>
City, ST, Zip	PURCELL, OK 73080	Mail Address	<hr/>
Phone	(800)828-0279	City, ST, Zip	<hr/>
Email:	DeniseS@mcn.net	Email Address	<hr/>
Pay Plan:	Yes No		

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

Type of Renewal Coverage Requested

1. Name of Animal	Use of Animal (*if show list all events)	Insured Value of Horse
Mortality-Full	Major Medical \$10,000	Increase emergency colic \$7500
Mortality -Limited	Major Medical \$15,000	Increase emergency colic \$10,000
Major Medical \$5000	AS&D (Stallion Infertility)	Colic Treatment \$10,000
Major Medical \$7500	Surgical	Overseas Transit
		Other

1. Is the horse currently free of lameness and healthy without the use of drugs? If no please explain <hr/>	Yes	No
2. Has the horse seen a veterinarian within the last year? If yes please explain <hr/>	Yes	No
3. Has the horse undergone diagnostic ultrasound, boen scan, or x-rays within the last 36 months? If yes please explain <hr/>	Yes	No
4. Has the horse been nerved or received any treatment for lameness? If yes please explain <hr/>	Yes	No
5. Has the horse received any joint injections, any type of medication long or short term, or any preventitive treatments in the last 36 months? If yes please explain <hr/>	Yes	No
6. Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last twelve months? If yes please explain <hr/>	Yes	No
7. Is the horse due to foal any time during the requested policy period? If Yes Give Foaling Date: Stud Fee\$ Number of previous foals <hr/>	Yes	No
8. Has the horse shown any HYPP signs or symptoms? If yes please explain <hr/>	Yes	No

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:
