ANIMAL MORTALITY APPLICATION for HORSES



(Minimum Earned Policy Premium \$250.00)

	ce, LLC		Applicant's Nam	ie								
Mail Address 200 North 31d Ave	Northwest Insurance, LLC Address 200 North 3rd Ave			 								
•	800-828-0279 Phone 405-494-8060 Fax											
E-mail Address denises@mcn.net			E-Mail Addres									
www.northwestequ	ineinsurance.com	1	E-Iviali Addres	s								
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Installment Plans?												
Proposed Effective Date:	∐New F	,			•		L]Yes		Ю		
(Coverage begins on the date of acceptance by the Cor	mpany) □Endoi	rsemen	t	(Policy Number)	(Available	on Premiun	ns over	\$500))			
A. Animal Name	Date of Birth	Date	of Purchase	Purchase Price	(or stud fee if raised)	Requeste	d Lim	it of l	nsura	nce		
Identification (Sire/Dam, Registration#, Tattoo#, Mi	crochip#, or Pictures if unre	egistered)	Sex (Stallion,	Mare, Colt, Filly, Gelding)	Breed			Use	<u>e</u>			
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Primary Stable Location:												
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B. Animal Name	Date of Birth	Date	of Purchase	Purchase Price	(or stud fee if raised)	Requeste	ed Lim	it of li	nsura	<u>nce</u>		
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12.	Will the horses be observed and cared for daily? □Yes □No If No, explain:
13.	Who was each horse acquired from?
14.	Are you the sole owner of the horses? ☐ Yes ☐ No If No, provide other owner's % of interest, name and address:
15.	Loss Payees:
	(Name and Address)
16.	Name, Address and Phone Number of person(s) giving care, custody, and control of horse(s) if other than the named insured:
17.	If the purchase price was not paid entirely in cash, please describe the transaction in detail.
18.	Are the horses leased to others? ☐ Yes ☐ No If yes please attached a copy of the lease(s).
19.	Is there any other insurance on the horses? Yes No If Yes, provide the carrier name: Expiration Date: Amount of coverage:
20.	Has any insurance carrier ever canceled, non-renewed or refused to insure any horse in which you have or had an insurable interest? Yes No If yes, provide details: (Not application in MO)
21.	Have you lost any horse in the last 5 years (whether or not insured) or have any medical/surgical or colic claims been filed on the above listed horse? ☐ Yes ☐ No If Yes, give date, cause, value and explain:
22.	Name, address, and telephone number of the horse's primary licensed veterinarian:
23.	Do you understand that the insurance policy you are applying for requires you to give the Company immediate notice of any covered animal's death, injury, sickness, or disease, along with a description of the condition and the name of the attending veterinarian? Do you also understand that failure to give this immediate notice may result in the denial of a claim? Yes No
24.	If horse is not currently insured, why are you choosing to insure now?
25.	If horse is a breeding stallion, how is breeding done? (Live Cover, Pasture Breeding, Collection)
26.	If horse is a breeding mare, how is she bred? (Carrying foal, flushed, not carrying, ICSI)
	Please provide explanation/details for any "Yes" answers to questions 2,4,5,6,7,8,9,and 11C or any "No" answers to questions 3.
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A Vet exam may be required to bind coverage.

If you are requesting a limit of insurance that is more than purchase price, please provide justification of value. (Training cost, Winnings, etc.)

COPY OF THE NOTICE OF INFORMATION PRACTICES (Not applicable in all states, consult your agent or broker in Notice of Insurance Information Practices - Pethan you inconnection with this application privileged information collected by usor our without your authorization. You have the rig correction of any inaccuracies. A more details information is available upon request. Contactous. ANY PERSON WHO KNOWINGLY AND WITH PERSON FILES AN APPLICATION FOR INSUFALSE INFORMATION, OR CONCEALS FOR ANYFACT MATERIAL THERETO, COMMITS SUBJECTS THE PERSON TO CRIMINAL AND HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in the state of the person in the person in the person in the person in the person to criminal and the pe	for your state's I ERSONAL INFO I FOR INSURA R AGENT'S MA SHT TO REVIEV AILED DESCR CT YOUR AGEI INTENT TO RANCE OR R THE PUR INY: SUBST	requirements.) DRMATION ABOUT YOU MAY BE ANCE. SUCH INFORMATION A AY IN CERTAIN CIRCUMSTANCE WYOUR PERSONAL INFORMATI IPTION OF YOUR RIGHTS AND OT OR BROKER FOR INSTRUCT D DEFRAUD ANY INSURA STATEMENT OF CLAIM CROSE OF MISLEADING DULENT INSURANCE ACTANTIAL] CIVILPENALTIES	COLLECTED FROM PERSONS OTHER S WELL AS OTHER PERSONAL AND ES BE DISCLOSED TO THIRD PARTIES ON IN OUR FILES AND CAN REQUEST OUR PRACTICES REGARDING SUCH TIONS ON HOW TO SUBMITA REQUEST INCE COMPANY OR ANOTHER CONTAINING ANY MATERIALLY INFORMATION CONCERNING T, WHICH IS A CRIME AND E. (Not applicable in CO, DC, FL,
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THE UNDERSIGNED IS AN AUTHORIZED REREASONABLE ENQUIRY HAS BEEN MADE HE/SHE REPRESENTS THAT THE ANSWER HIS/HERKNOWLEDGE.	TO OBTAIN	THEANSWERS TO QUEST	TIONS ON THIS APPLICATION.
APPLICANTS SIGNATURE		DATE (Must be no more than 30 days prior to	policy effective date)
PRODUCERS SIGNATURE	PRODUCERS	S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)