



ANIMAL MORTALITY RENEWAL APPLICATION

HORSES ONLY

Producer's Name	NORTHWEST INSURANCE LLC	Expiration Date	_____
Mail Address	200 N 3RD	Applicant's Name	_____
City, ST, Zip	PURCELL, OK 73080	Mail Address	_____
Phone	(800)828-0279	City, ST, Zip	_____
Email:	Denise@nweins.com	Email Address	_____
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?	Yes ☐ No ☐
If no please explain _____	
2. Has the horse seen a veterinarian within the last year? If yes please explain	Yes ☐ No ☐

3. Has the horse undergone diagnostic ultrasound, boen scan, or x-rays within the last 36 months?	Yes ☐ No ☐
If yes please explain _____	
4. Has the horse been nerved or received any treatment for lameness?	Yes ☐ No ☐
If yes please explain _____	
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? If yes please explain	Yes ☐ No ☐

6. Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last twelve months? If yes please explain	Yes ☐ No ☐

7. Is the horse due to foal any time during the requested policy period?	Yes ☐ No ☐
If Yes Give Foaling Date: _____ Stud Fee\$ _____ Number of previous foals _____	
8. Has the horse shown any HYPP signs or symptoms? If yes please explain	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: _____

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