## ANIMAL MORTALITY APPLICATION for HORSES



(Minimum Earned Policy Premium \$250.00)

Producer's Name		e, LLC		Applicant's Nam	e							
Mail Address				Mail Address								
City, ST Zip	ST Zip Purcell, OK 73080			City, ST Zip								
Phone	ne <u>800-828-0279</u>			Phone								
Fax	405-494-8060			Fax								
E-mail Address	a ville v b (0)/monniev			E-Mail Address								
www.northwestequineinsurance.com			Policy Term Desired (maximum term 12 months):									
☐ Individual	Partnership Cor	poration 🛛 <sup>Joi</sup>	nt Vent	<sup>ure</sup> 🗌 Limi	ted Liability Corp.	Other						
Proposed Effective Date: New Policy Installment Payment Plans? YesNo												
•				.+	(Policy Number)	(Available	on Promiur				0	
A. Animal Na	me	Date of Birth	Date	of Purchase	Purchase Price	or stud fee if raised)	<u>Requeste</u>	ed Limi	t of Ir	isuran	ice	
Identification (	Sire/Dam, Registration#, Tattoo#, Mici	rochip#, or Pictures if unre	egistered)	Sex (Stallion,	Mare, Colt, Filly, Gelding)	Breed			Use	2		
Primary Stable	Location:			ł								
B. Animal Na	mo	Date of Birth	Date	of Purchase	Purchase Price	or stud fee if raised)	Requeste	d Lim	t of Ir	suran	ice	
D. Annarita						,						
Identification //	Sire/Dam, Registration#, Tattoo#, Mici	rachin# or Dictures if upre	aistored)	Soy (Stallion	Mara Calt Filly Calding)	Breed			Use			
identification (	Sire/Dam, Registration#, Tattoo#, Mich	ochip#, or Pictures if unre	egisterea)	<u>Sex</u> (Stallion,	Mare, Colt, Filly, Gelding)	Dieeu			036	2		
Primary Stable	Elocation:											
					to company a							
For a Re	equested Limit of Insuran	ice that does not	equal	the Purchase	Price, complete a	and attach a S	ubstantia	ation o	of Val	ue.		
(H) = Hartford (S) = Starnet Type of Coverage Requested:												
A B		AB				A B						
Mortality		🗌 🗌 Major I	Medical	I \$10,000	[	🗌 🗌 Increase						
Mortality - Limited     Major Medical \$12,500 (S)     Increase emergency colic \$10,500 (S)										(S)		
	edical \$5,000, Basic (H)			\$15,000		Colic tre	atment \$1	0,000	(S)			
	edical \$7,500, Basic (H) edical \$7,500			l \$10,000 higł n Infertility)		☐ ☐ Transit ☐ ☐ Other						
			(Otalilo	in intertainty)	L			Hors	еA	Hors	eВ	
								Y	N	Y	N	
1. Was a pre-purchase exam completed? If Yes, a copy of the examination results may be requested by the Company.							any.					
Has the horse been examined or treated by a veterinarian within the last year? If yes explain.												
<u> </u>												
3. Is the horse currently free of lameness and healthy without the use of drugs? If no explain.									<u> </u>			
<ul> <li>Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months? If yes explain.</li> <li>Does the horse have any past conformational problems or defects, illness or disease, lameness, or injury or physical</li> </ul>												
	including, but not limited to	rmational problem			ne last 36 months?							
or degen	erative joint disease? If yes		s or defe	ects, illness or d	ne last 36 months? isease, lameness, d	or injury or physi			_	П	_	
	erative joint disease? If yes	: laminitis/founder	s or defe	ects, illness or d	ne last 36 months? isease, lameness, d	or injury or physi						
<ol><li>Has the l</li></ol>	horse been nerved or receiv	: laminitis/founder s explain.	s or defe , OCD, I	ects, illness or d neurological dis	ne last 36 months? isease, lameness, c orders (e.g. EPM)	or injury or physi			_			
Hee the l		o: laminitis/founder s explain. ved any treatment t	s or defe ; OCD, i for lame	ects, illness or d neurological dis ness? If yes ex	ne last 36 months? isease, lameness, c sorders (e.g. EPM) i plain.	or injury or physi navicular diseas	e, and/				_	
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7. Has the l last 36 m	norse been nerved or receiv norse received any joint inje onths? If yes explain	<ul> <li>aminitis/founder</li> <li>explain.</li> <li>ved any treatment i</li> <li>ections, any type of</li> </ul>	s or defe , OCD, i for lame medica	ects, illness or d neurological dis ness? If yes ex tion long or sho	ne last 36 months? isease, lameness, c sorders (e.g. EPM) i plain. rt term, or any prev	or injury or physi navicular diseas	e, and/					
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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:
15.	(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:
10.	
47	
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? Tes 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,
-0.	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 mat result in the denial of a claim?  Yes INo
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)
	5 , ···································

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.

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 (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU INCONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY USOR OUR AGENT'S MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEWYOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS ANDOUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMITA REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE ORSTATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVILPENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

**IN THE DISTRICT OF COLUMBIA,** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDINGTHE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IFFALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**IN FLORIDA**, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**IN KANSAS**, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE ORBELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF,OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR ACLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TOCONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATIONCONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY ORANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FORTHE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BEA CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**IN WASHINGTON**, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OFDEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THEANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HERKNOWLEDGE.

APPLICANTS SIGNATURE		DATE (Must be no more than 30 days prior to	policy effective date)
PRODUCERS SIGNATURE	PRODUCER	SNAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)