



608 Virginia Street East, Suite 302
 Charleston, WV 25301
 Phone: (304) 346-1198

EQUINE MORTALITY APPLICATION

Desired Effective Date: _____

APPLICANT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Is this New Business Renewal Additional Coverage Current Policy Number: _____

COVERAGE DESIRED

A. Full Mortality Medical Assistance \$7,500 Major Medical \$10,000 Major Medical \$15,000 Surgical
 Colic Loss of Use Stallion Accident, Sickness & Disease

B. Specific Perils

ANIMAL INFORMATION

1. Name of Animal	Sire	Use	Sex	Purchase Price/ Stud Fee	Amount Desired	Premium
Breed/Registration Number	Dam	DOB	Date Purchased		Rate	
2. Name of Animal	Sire	Use	Sex	Purchase Price/ Stud Fee	Amount Desired	Premium
Breed/Registration Number	Dam	DOB	Date Purchased		Rate	
3. Name of Animal	Sire	Use	Sex	Purchase Price/ Stud Fee	Amount Desired	Premium
Breed/Registration Number	Dam	DOB	Date Purchased		Rate	

ANIMAL INFORMATION CONTINUED

1. Are any of the animals listed herein financed or leased? Yes No

If so, state amount, when and to whom due. (Give Address): _____

2. Is there any other insurance on any of the animals listed herein? Yes No

3. Chiefly kept on premises known as: _____
(Give complete address of location)

4. Name and address of trainer: _____

5. If mare is in foal, name covering stallion & stud fee paid: _____

Due date: _____

6. Has any animal above named been afflicted with any disease or sickness or received any hurt or injury in the past 12-month period? Yes No

If so, give particulars: _____

7. Is any animal named above to be used as a hunter/jumper/event or for racing? Yes No

If so, explain use: _____

8. Are the eyes, legs and feet of every animal named above in normal condition? Yes No

9. Has any animal named above ever had colic or indigestion? Yes No

If so, how often? _____ When was the last attack? _____

Give cause of attack, if known: _____

10. How many animals did you lose by death in the past 3 years? _____ Cause of death? _____

Date of death: _____ Insured amount paid \$ _____

11. How many other animals of this type do you own? _____

12. Was the purchase price: Cash Trade Both

If any part trade, state what is consisted of, and state what amount of cash was paid: _____

13. Do you understand that it is required under policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY, DISEASE OR DEATH or your claim may be denied, and do you agree to do so? Yes No

14. Has any other company ever rejected an application for insurance or canceled a policy on any of the herein-described animals? Yes No

Explain: _____

15. Have any of the animals listed herein been previously injured? Yes No

If so, were any claims submitted and/or paid? Yes No

STATEMENT OF CONDITION

- | | Horse 1 | Horse 2 | Horse 3 |
|--|--|--|--|
| 1. Is the horse currently sound and healthy for use intended? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the horse have any conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or Degenerative disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made was there a resection? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has the horse been nerved or received any surgical treatment for lameness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. For all Quarter horses, Appaloosas or Paints: Does the horse have an ancestor known to carry HYPP?
If "YES" please indicate the HYPP Status. | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H |
| 9. If "YES" was answered to any question 2 through 7, please provide details below. | | | |

DECLARATIONS

I declare to the best of my knowledge and belief that the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year, the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract, and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

I, the undersigned, hereby apply to insure the above mentioned animals owned to me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief, the above statements are true and complete, and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Signature of Applicant

Date Signed