



608 Virginia Street East, Suite 302  
 Charleston, WV 25301  
 Phone: (304) 346-1198, Fax: (304) 345-3535

## MORTALITY RENEWAL APPLICATION

Application must be signed by the named insured and dated no more than 30 days prior to renewal. Coverage terms and conditions are subject to change based on review and acceptance of the company underwriters.

<b>Name:</b>	<b>Phone:</b>	<b>Policy No:</b>	<b>Renewal Premium:</b>
<b>Address:</b>	<b>Fax:</b>	<b>Exp Date:</b>	<b>Payment Plan:</b>
<b>City, State, Zip:</b>	<b>Email:</b>	<b>Rate:</b>	

Coverages				
Full Mortality/Theft	Value Endorsement	Limited Perils	Loss of Use	Stallion Infertility
Surgical \$10,000 Limit	Colic Treatment/Surgery \$10,000 Limit	Medical Assistance \$7,500 Limit	Major Medical \$10,000 Limit	Major Medical \$15,000 Limit

Horse #	Name of Animal	Age	Sex	Breed	Use	Current Insured Value	Requested Insured Value
1.							
2.							
3.							

Answer "YES" or "NO" to the Following Questions for Each Horse Listed Above		Horse 1	Horse 2	Horse 3
1	Is the horse currently sound and healthy for use intended?			
2	Is the horse a mare in foal? If yes, please include due date.			
3	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?			
4	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?			
5	Has the horse been nerved or received any surgical treatment or lameness?			
6	Has the horse been examined or treated by a veterinarian for other than routine care within the past year?			
7	Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months?			
8	Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months?			
9	For Quarter horses, Appaloosas or Paints. Does the horse have an ancestor known to carry HYPP or HERDA? If "YES" please indicate test results.			
10	If "YES" was answered to any question 3 through 9, please provide details below.			

I declare to the best of my knowledge that the horse(s) named above are currently and have been in sound health and free from any injury, illness, disease, or disability of any kind. I declare that during the past policy year the horses listed above have been free from any injury, illness, diseases, or disability of any kind.

I UNDERSTAND THAT MY STATEMENT AND ANY INSURANCE THAT MAY BE ISSUED AS THE RESULT OF THIS STATEMENT MAY BECOME CANCELED IF I HAVE MISREPRESENTED, CONCEALED, OR OMITTED ANY MATERIAL FACT.

<b>Signature of Applicant:</b>	<b>Date:</b>
--------------------------------	--------------

**COVERAGE IS ONLY BOUND WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.**