



3044 Breckenridge Lane, Louisville, KY 40220-2193

Livestock Mortality Application and Statement of Health
(Application must be fully completed, signed & dated)

Name and Address of Owner: _____ Business Telephone: () _____
 _____ Home Telephone: () _____
 _____ Mobile Telephone: () _____
 _____ Fax Telephone: () _____
 _____ Email: _____

Desired Effective Date _____ New Business Add to Policy _____

IF YOU WOULD LIKE TO GO PAPERLESS AND HAVE YOUR POLICY SENT VIA EMAIL, PLEASE CHECK HERE _____

	Horse A	Horse B	Horse C
Name of Horse			
Breed			
Sex*			
Exact Use [Ⓢ]			
Date of Birth			
Date of Purchase			
Purchase Price [†]			
Insured Amount ^{**} †			
Rate (company use)			

*G-Gelding, M-Mare, S-Stallion, C-Colt, F-Filly [Ⓢ] Show use must be specific, i.e., dressage, halter, western pleasure, hunter, jumper, etc.
 † Insured amount should not exceed the horse's current fair market value. **If requested value exceeds the purchase price, please provide explanation of value (i.e. competition record, appraisal, training, etc.) † If homebred, provide stud fee. If mare in foal, provide stallion name and stud fee paid

Additional Coverages Available - Please Select

Horse:	A	B	C		A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical/Surgical - Annual Limit \$7,500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical/Surgical - Annual Limit \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical/Surgical - Annual Limit \$15,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colic Surgery Endorsement _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transit & Territorial Extension _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stallion Infertility for Accident, Sickness & Disease Infertility - <i>subject to Supplemental Application</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twelve Month Guarantee Extension Clause (Age 16, 17 & 18) - <i>Additional Premium .15% (included at no charge 15 and under)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Major Medical Endorsement CANNOT exceed the Mortality Sum Insured

Veterinarian must complete examination form for Mortality Insurance on horses valued above \$50,000, under 30 days of age, over 17 years of age or horses used for racing. Foals under 30 days of age require a specific vet report. All insurance subject to prior adverse health history.

For any AQHA, Paints or Appaloosas: Any ancestor known to carry HYPP? _____ Horse tested for HYPP? _____ Results: N/N N/H H/H

Are you the sole owner? _____ Are horses financed? _____ Are horses leased? _____

Loss Payee or Additional Insured Name & Full Address : _____
 (Please indicate on which horse(s) Loss Payee or Additional Insured Name applies. Circle to indicate if Loss Payee or Additional Insured.)

Present location of horse(s) & phone number _____

Usual Veterinarian (include address and phone number) _____

Immediate notification must be given upon any injury, illness, disease or death and prior to any surgery of an insured horse. Check

ANSWER QUESTIONS ONLY FOR HORSES TO BE INSURED UNDER THIS APPLICATION

	<u>Horse A</u>		<u>Horse B</u>		<u>Horse C</u>
1. Is the horse currently sound and healthy for the use intended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the horse have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative joint disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has the horse had any history of colic or intestinal disorder. Provide full details below including any treatment for gastric ulcers.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has the horse been nerved or received any surgical treatment for lameness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Has the horse been examined or treated by a veterinarian for other than routine care within the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Has the horse undergone diagnostic ultrasound or X-rays for other than breeding purposes in the last 36 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Has the horse received any joint injections? If yes, please specify joints injected, dates, and reasons for injections below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Has the horse received any type of medication long or short term, or any preventative treatments in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Does the horse receive any other medications/supplements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are there any other current or prior health conditions to which the horse has been exposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Will the horse be outside the continental United States or Canada during the coverage period? Provide location below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Is the horse on a routine inoculation program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Is the horse on a routine worming program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Is the horse vaccinated for West Nile Virus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do horses have any stable vices or vicious habits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Any contagious disease on the premises in the last twelve (12) months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Have you filed insurance claims in the past three years for any of the proposed horses? Please provide date of claims, type of claim, name of company, name of horse and amount paid below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "yes" was answered to any question(s) 2 - 11 or 15 - 17, please provide details below. Indicate if Horse A, B or C Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work (fully recovered). Provide details including dates for coverage consideration. Use separate sheet of paper if necessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading any fact material thereto, commits a fraudulent act which is a crime and may subject such person to criminal and civil penalties.

I understand the insurance being applied for, if accepted by the Company, will be based upon the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the laws of the state in which the application was accepted or policy issued.

Signature of owner (or agent) of above named animal(s)

Date (must be no more than 30 days prior to policy effective date)