



LIVESTOCK INSURANCE APPLICATION

IMPORTANT: Application will not be considered if not fully completed and signed.
by the Applicant and the Veterinarian within 20 days of inception

EFFECTIVE DATE DESIRED

NAMED INSURED

AGENCY

MAILING ADDRESS

PRODUCER CODE

Number Street Town State Zip

LOCATION OF FARM OR STABLE:

(Where animal(s) kept) Town State Zip

Social Security Number Occupation Phone Number Day Night

NAMED INSURED IS: Individual Corporation Partnership Joint Venture Other PREMIUM TO BE PAID Direct Bill: Prepaid Two Pay Four Pay Six Pay Ten Pay

COVERAGE REQUESTED: Mortality Theft Major Medical Agreed Value Optional Causes of Loss Specified Causes of Loss Emergency Colic Surgery Livestock Surgical: \$2,500 \$5,000 \$7500 Special Accident Loss of Use - External Purchase Price; \$ Loss of Use - AID Trip Transit Stallion ASD

NOTE ON COVERAGE: Agreed Value is available on all horses 6 months to 15 years except breeding thoroughbreds. Surgical/Major Medical is available on all horses 6 months to 15 years except foals. Emergency Colic Surgery is available on all horses 6 months to 15 years except foals.

UNDERWRITING QUESTIONS

- 1. Are you the sole owner? Yes No If no, list other owners and addresses.
2. Was purchase price paid by cash, trade or both? Give particulars.
3. Are any horses financed or leased? If either, give particulars.
4. Name/Address of Loss Payee:
5. Where are horses kept (barn, track, pasture, other)? Location
6. Name/Address/Telephone of usual trainer and farm manager.
7. Are horses healthy and capable of performing intended use? Yes No If No, describe.
8. Has horse ever been treated for accident, illness, or lameness? Yes No If Yes, give date and description of treatment:
9. How frequently was horse wormed during past year? Method used:
10. Vaccination Programs (Including West Nile):
11. Are horses now insured? Yes No Previously insured? Yes No If yes to either, what company and amount insured?
12. Has any company canceled or refused to renew your coverage? Yes No If Yes, give company, date and reason for company action.
13. Have you filed insurance claims in the past three years for any of your horses? Yes No If Yes, state cause(s) and date(s).
14. Are you insuring other horses with another company? Yes No If Yes, how many? How are they used?
15. Name/Address/Telephone of your regular Veterinarian:
16. How long has the Veterinarian treated the horse(s)?

**INSTRUCTIONS:**

1. A Photograph is required for unregistered horses.
2. Use these codes for sex of animal: M-Mare; S-Stallion; F-Filly; C-Colt; G-Gelding
3. Requests for amounts of insurance if different from purchase price, are subject to Company acceptance.

Schedule of Horses to be Insured									
	Name and Registration/Tattoo Number (see instructions above)	Breed	Sex	Date of Birth	Exact Use	Date Acquired	Acquired From (Name/Address)	Purchase Price	Amount of Insurance
<b>A</b>									
<b>B</b>									
<b>C</b>									

**SUBSTANTIATION FOR VALUES NOT INSURED AT PURCHASE PRICE**

Broodmare Record				
Date Last Bred	Total Number of Foals	Highest Price paid for One Foal	Total Price of all Foals sold	Current Sire and Stud Fee
<b>A</b>				
<b>B</b>				
<b>C</b>				

Show Horse Record		
Show Name	Date Claim Place	Total Earnings
Please provide information		
including division and size of		
division) on separate paper		

Stallion Breeding Record			
Stud Fee	Stud Fee	Mares Serviced	Mares Serviced
This Year	Last Year	Last Year	Current Year
<b>A</b>			
<b>B</b>			
<b>C</b>			

Home Breds				
Sire	Service Fee	Date	Selling price of progeny	
			By Sire	By Dam
<b>A</b>				
<b>B</b>				
<b>C</b>				

I understand that the insurance applied for, if accepted by the Company, will be based on 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 law of the state in which the application was accepted or policy issued. Insured's initials  
**X** \_\_\_\_\_

I understand immediate notice must be given to the Company upon any injury, illness, operation, disease or death of an insured horse. Insured's initials **X** \_\_\_\_\_

I acknowledge that I have received & understand the fraud statements that are on page 3 of this application. Insured's initials **X** \_\_\_\_\_

**X** \_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

**X** \_\_\_\_\_  
 Agent's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

## GENERAL FRAUD STATEMENT

(Not applicable in California, Colorado, Kentucky, Louisiana, Maine, New Mexico, New York, Ohio, Pennsylvania, Virginia)

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

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### CALIFORNIA

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.

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### COLORADO

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the department of regulatory services.

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### KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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### LOUISIANA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in person.

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### MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits.

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### NEW MEXICO

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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### NEW YORK

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 information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and that stated values of the claim for each such violation.

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### OHIO

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. This notice is given as required by the laws of the State of Ohio.

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### PENNSYLVANIA

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

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### VIRGINIA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and a denial of insurance.

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