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## **ANIMAL MORTALITY APPLICATION** for HORSES



(Minimum Earned Policy Premium \$250.00)

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Producer's Name	Laurel Fowler Insurance Broker, Inc.			Applicant's Nam	ie						
Agency Code	87			Mail Address							
Mail Address	877 Noyes Road			City, ST Zip							
City, ST Zip	Arroyo Grande CA 93420			Phone							
Phone	805-473-2227			Fax							
Fax	805-473-0202			E-Mail Address							
E-mail Address csr@laurdfowterins.com				Policy Term Desired (maximum term 12 months):							
☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Corp. ☐ Other											
Proposed Effective Date: New Policy (Coverage begins on the date of acceptance by the Company) Endorsement (Policy Number)											
A. Animal Name	•	f Purchase	Purchase Price (or stud fee if raised) Requested Limit of Insurance				nce				
Identification (Sire	ochip#, or Pictures if unr	if unregistered) Sex (Stallion		Mare, Colt, Filly, Gelding)  Breed		<u>Use</u>		2 .			
Primary Stable Location:											
B. Animal Name		Date of Birth	Date o	f Purchase	Purchase Price	or stud fee if raised)	Requeste	d Limi	t of li	nsurai	nce
Internatificantian :	But Butter # Town # 47			Cov man	Hom Coll Eth Coldic-1	Brood			Use		-
Identification (Sire	/Dam, Registration#, Tattoo#, Micr	ochip#, or Pictures if unn	egistered)	Sex (Stallion,	Mare, Colt, Filly, Gelding)	Breed	·		USE	ž	
				<u></u>		L					
Primary Stable Lo	ocation:										
	All L	imits of Insu	rance a	re subject	to company a	pproval.					
For a Requ	ested Limit of Insurance	e that does not	equal th	e Purchase	Price, complete a	and attach a S	ubstantia	ition o	f Val	lue.	
		Tvi	pe of Co	verage Rec	uested:			•			
A B		A B				A B					
☐ ☐ Mortality - I	Full	🔲 🔲 Major N			<del>-</del>	Loss of				•	
🔲 🔲 Mortality - I		Major Major	Medical S	\$10,000		Loss of					
Renewal P		Major N	Medical (	\$15,000 \$10,000 high		☐ Gurgical ☐ Aggrega					
Major Medi	ical \$5,000, Basic ical \$7,500, Basic			ess and Dis		☐ Other	ile Deduci	IIDIG			
I Iviajoi ivieui	ical \$1,500, basic		III, Ologi	C33 G1G D13	Cusc L			Hors	e A	Hors	e B
								Y	N	Y	N
1. Was a pre-p	ourchase exam complete	d? If Yes, a copy	of the exa	amination resu	ilts may be request	ed by the Comp	any.				
Has the hor	se been examined or tre	ated by a veterinal	rian for ar	ny accident, in	jury, sickness, dise	ase, lameness,	or other				
than routine	care within the last year	?						L			
3. Is the horse currently free of lameness and healthy without the use of drugs?											
4. Has the hor	se undergone diagnostic	ultrasound, bone	scan, or a	k-rays within t	ne last 36 months?					<u> </u>	
Does the horse have any past conformational problems or defects, illness or disease, lameness, or injury or physical disability including, but not limited to: laminitis/founder, OCD, neurological disorders (e.g. EPM) navicular disease, and/or						sical se, and/or					
degenerative joint disease?  6. Has the horse been nerved or received any treatment for lameness?											
7. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months?						<del></del>					
Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 36 months?											
Is the horse due to foal any time during the requested Policy Period?  9. If Yes, please give: Estimated Foaling Date:; Number of Previous Foals:; Stud fee:											
10. Has the horse ever experienced birthing difficulties? (Mares only)								ᆸ	<u> </u>	$\overline{\Box}$	
11. Does the horse have an ancestor known to carry HYPP? If No, please move on to question 12.  a. Has the horse been HYPP tested? If Yes, please check the test results.								5 I			
a. Hasti	N/N		/H □A		H/H □A □B					. –	_
b. Pleas	se check the HYPP test re	esults of the horse						1			
L	Sire: N/N ☐	]A □B 'N⁄	/H □A	□B H	1/H □A □B	Unknown		1			
	Dam: N/N		/H □A		H/H □A □B	Unknown	∐A ∐B		$_{\neg}$		
c. Has t	he horse ever shown any	HYPP signs or sy	ymptoms1	?						Ш.	

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LS 16 01 12 11 Jan 4, 2012

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 Payee(s):
	(Name and Address)
16.	If the Purchase Price was not paid entirely in cash, please describe the transaction in detail.
17.	Are the horses leased to others? ☐Yes ☐No if Yes, please attach a copy of the lease(s).
18.	Is there any other insurance on the horses?   Yes  No If Yes, provide the carrier name:
	Expiration date: Amount of coverage:
19.	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 applicable in MO)
20.	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?
	If Yes, give date, cause, value and explain:
21.	Name, address, and telephone number of the horse's primary licensed Veterinarian:
22.	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, 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 may result in the denial of a claim?   Yes  No
Plea	se provide details for any "Yes" answers to questions 2,4,5,6,7,8,10 and 11c. and any "No" answers to questions 3 and 22.

Note: A Veterinarian Certificate of Exam is required if:

- 1. Horse is under 6 months of age
- 2. Horse is over 16 years of age
- 3. Horse is valued over \$50,000
- 4. You have not known the horse over 30 days (A pre-purchase exam no older than 30 days can be submitted in place of the vet exam)

☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (Not applicable in all states, consult your agent or broker			CANT.
NOTICE OF INSURANCE INFORMATION PRACTICES - PE THAN YOU INCONNECTION WITH THIS APPLICATION PRIVILEGED INFORMATION COLLECTED BY USOR OUF WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIG CORRECTION OF ANY INACCURACIES. A MORE DET. INFORMATION IS AVAILABLE UPON REQUEST. CONTACTO US.	ERSONAL INFO FOR INSURA R AGENTS MA HT TO REVIEN AILED DESCR	DRMATION ABOUT YOU MAY BE NICE. SUCH INFORMATION A NY IN CERTAIN CIRCUMSTANCE WYOUR PERSONAL INFORMATI RIPTION OF YOUR RIGHTS AND	S WELL AS OTHER PERSONAL AND IS BE DISCLOSED TO THIRD PARTIES ON IN OUR FILES AND CAN REQUEST DOUR PRACTICES REGARDING SUCH
			<u></u>
ANY PERSON WHO KNOWINGLY AND WITH PERSON FILES AN APPLICATION FOR INSUIFALSE INFORMATION, OR CONCEALS FOR ANYFACT MATERIAL THERETO, COMMITS SUBJECTS THE PERSON TO CRIMINAL AND HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in	RANCE OR R THE PUF A FRAUD (NY: SUBS	STATEMENT OF CLAIM C RPOSE OF MISLEADING DULENT INSURANCE AC TANTIAL] CIVILPENALTIES	ONTAINING ANY MATERIALLY INFORMATION CONCERNING T, WHICH IS A CRIME AND S. (Not applicable in CO, DC, FL,
IN THE DISTRICT OF COLUMBIA, WARI INFORMATION TO AN INSURER FOR THE PERSON. PENALTIES INCLUDE IMPRISON INSURANCE BENEFITS, IFFALSE INFORMAT APPLICANT.	IE PURPO: NMENT AN	SE OF DEFRAUDINGTHE D/OR FINES. IN ADDITION	INSURER OR ANY OTHER ON, AN INSURER MAY DENY
IN FLORIDA, ANY PERSON WHO KNOWING INSURER FILES A STATEMENT OF CLAIM MISLEADING INFORMATION IS GUILTY OF A	OR ANAPP	LICATION CONTAINING A	
IN KANSAS, ANY PERSON WHO, KNOWING PRESENTED OR PREPARES WITH KNOW INSURER, PURPORTED INSURER, BROKEF OF, OR IN SUPPORT OF, AN APPLICATION POLICY FOR PERSONAL OR COMMERCIA PURSUANT TO AN INSURANCE POLICY PERSON KNOWS TOCONTAIN MATERIAL THERETO; OR CONCEALS, FOR THE PURMATERIAL THERETO COMMITS A FRAUDUL	LEDGE OR R OR ANY A N FOR THE LL INSURAN FOR COM LLY FALSE RPOSE OF	BELIEF THAT IT WILL BE AGENT THEREOF, ANY WI E ISSUANCE OF, OR THE NCE, OR ACLAIM FOR PA MERCIAL OR PERSONA INFORMATION CONCER MISLEADING, INFORMAT	E PRESENTED TO OR BY AN RITTEN STATEMENT AS PART RATING OF AN INSURANCE AYMENT OR OTHER BENEFIT L INSURANCE WHICH SUCH RNING ANY FACT MATERIAL
IN MASSACHUSETTS, NEBRASKA, OREGO INTENT TO DEFRAUD ANY INSURANCE OF INSURANCE OR STATEMENT OF CLAIM CONCEALS FORTHE PURPOSE OF MIS THERETO, MAY BE COMMITTING A FRAU SUBJECT THE PERSON TO CRIMINAL AND	COMPANY M CONTAII SLEADING JDULENT II	ORANOTHER PERSON I NING ANY MATERIALLY INFORMATION CONCERI NSURANCE ACT, WHICH	FILES AN APPLICATION FOR FALSE INFORMATION, OR NING ANY FACT MATERIAL
IN WASHINGTON, IT IS A CRIME TO PENALTIES INCLUDE IMPRISONMENT, FINE	IPANY FO	R THE PURPOSE OFDE	EFRAUDING THE COMPANY.
THE UNDERSIGNED IS AN AUTHORIZED RE REASONABLE ENQUIRY HAS BEEN MADE? HE/SHE REPRESENTS THAT THE ANSWER HIS/HERKNOWLEDGE.	TO OBTAIN	THEANSWERS TO QUEST	FIONS ON THIS APPLICATION.
APPLICANTS SIGNATURE		DATE (Must be no more than 30 days prior to	o policy effective date)
PRODUCERS SIGNATURE	PRODUCERS	S NAME(Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)