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APPLICATION FOR ANIMAL MORTALITY INSURANCE
This is not a binder. No application will be considered if not fully completed and signed by the Insured

Desired Coverage Date _____

Owner's Name (as it should appear on the policy) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____ Fax _____

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| Coverage Requested: <input type="checkbox"/> Mortality | <input type="checkbox"/> Specified Perils | <input type="checkbox"/> Special Accident | <input type="checkbox"/> Guaranteed Renewal |
| <input type="checkbox"/> Frustration of Import/Export | <input type="checkbox"/> Prospective Offspring (Cattle Only) | <input type="checkbox"/> ASD Infertility (Cattle Only) | |
| <input type="checkbox"/> Short Term Coverage _____ <input type="checkbox"/> Transit from _____ to _____ <input type="checkbox"/> Other _____ | | | |

| Name and Registration/Tattoo # (Sire and Dam if unnamed) | Age | Sex | Breed | Use | Purchase Date | Purchase Price | Insured Amount** | Rate |
|---|-----|-----|-------|-----|---------------|----------------|------------------|------|
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***Amounts other than purchase price are subject to Company acceptance. Please provide explanation of value. **If animal(s) is ever leased to others please provide a copy of the lease agreement with this application.*

- Are you the sole owner of the animal(s)? _____ If not, list owners and addresses or lien holders/banks and address _____
- Usual location of animal(s), give address and phone number _____
- Name, address and telephone number of your usual veterinarian _____
- Name and address of Loss Payee if applicable _____
- Is animal(s) on vaccination and worming program approved by a veterinarian? _____ Frequency? _____
- Is there any contagious or infectious disease on the premises, or has there been during the past 12 months? _____
- Are animal(s) presently insured? _____ Previously insured? _____ If yes to either questions, give name of company, date and amount _____
- Has any company cancelled or refused to renew your coverage? _____ If yes, give reason _____
- Has any animal(s) owned by you died within the past 24 months (whether or not insured)? Yes and _____ No _____ If yes, state number of deaths causes of death _____

DECLARATION OF HEALTH:

At inception of the policy, all animals must be sound, healthy and have no known injury, illness, lameness or disease. Any pre-existing conditions are not covered, unless otherwise noted and agreed to by the Company.

1. (a) Does the animal(s) have any history of injury, illness, lameness or disease? _____ If yes, give details, including date _____

(b) Does the animal(s) have any structural issues that could affect its ability to be used for the intended purpose? _____
If yes, give details _____
2. (a) Has the animal(s) had any veterinary treatment other than routine care or preventative vaccinations or is it unsound in any way? _____

(b) Does the animal(s) receive any medications/supplements? If yes, explain _____

3. Has any animal(s) suffered from bloat or any other gastro-intestinal related illness in the past 12 months? _____ If yes, give details, including dates _____
4. Has any horse(s) been examined or treated by a veterinarian for other than routine care? If yes, explain and give dates. _____

5. Has any animal(s) undergone surgery (other than castration)? _____ If the answer is yes, give details, including dates and results _____

6. If the animal is a breeding female, has she ever experienced birthing difficulties? _____ If yes, please describe _____

7. If the animal is pregnant, please provide the breeding date _____ and due date _____
8. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the Company's acceptance of the proposed risk?

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Substantiation of value on any animal insured for more than the purchase price: _____

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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 hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.

I declare to the best of my knowledge and belief that the horse(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application for insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease or death of any insured horse. Not doing so may jeopardize coverage and result in denial of any claim made.

Signature of Applicant

Date Signed

Fraud Prevention – General Warning

NOTICE: Any person who knowingly, or knowingly assist another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: 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 prison.

NOTICE TO COLORADO APPLICANTS: 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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.

NOTICE TO LOUISIANA APPLICANTS: 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 prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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 the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 fact materially false information or conceal for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or

both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: 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 denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: 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 prison.