## **EXOTIC ANIMAL MORTALITY APPLICATION**

## THIS IS NOT A BINDER

Proposed Effective Date:	<del></del>					
Name of Owner:		Address:				
	Street	C	ty State	Zip	County	
Home Phone:	Business Phone:		Cell Phone #			
☐New Policy ☐Add to exist	sting Policy If so, Certificate No. CBA	E	Mail:			
Add'l Insd. /Loss Payee/Lesson	Percent Interest?					
COMMON / SCIENTIFIC ANIMAL I.D. / BAND / TAG / TATOO / REGISTRATION / MICROCHIP /		Sex	Breed	Color	Date of Birth	Exact use and Function
		II.	Purchase Price	Desired Amount of Insurance	Purchased From	Purchase Date
2. Have any animals owned by you died in the last 3months? Date: Cause:						
Additional Comments regarding						
	,					

## FRAUD CLAUSE

We do not provide coverage for any insured who has made fraudulent statements or engaged in fraudulent conduct in connection with any loss or damage for which coverage is sought under this policy.

- AR Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime & may be subject to fines & confinement in prison:
- FL Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing false, incomplete, or misleading information is guilty of a felony of the third degree.
- **KY** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any false information or conceals, for the purpose of misleading, information concerning any fact material there to commits a fraudulent insurance act, which is a crime.
- **ME** 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 denial of insurance benefits.
- NY Any person who knowingly and with intent to defraud any insurance company or other person files an application for the 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 values of the claim for each such violation.
- OH Any person who, with intent to defraud or knowing 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.
- VA It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

## NOTICE OF INSURACNE INFORMATION PRACTICE

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our file and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Date: Applicant Signature:

I-We certify that the information shown on this application is true and correct.

Asset Equine Insurance Agency, Inc. P.O. Box 185 Pilot Point, Texas 76258 Toll Free 888-686-5662 Fax 940-686-5203 www.assetequine.com