



APPLICATION FOR HORSE MORTALITY INSURANCE

This is NOT a binder

Coverage's- Optional * Attach Supp. App.

- Full Mortality Theft
- Accidental Only
- Stallion Infertility *
- 12 Month Extension
- Guaranteed Renewal
- Emerg. Colic Surgery
- Major Medical
- Restricted Perils
- Agreed Value
- Surgical Only
- Loss of Use *
- Transit
- Worldwide Transit*

Desired Effective Date _____

Name of Owner: _____ Address: _____
Street City State Zip County

Home Phone: _____ Business Phone: _____ Cell Phone : _____

New Policy Existing Policy If so, Certificate No. _____ E Mail : _____

Add'l Insd. /Loss Payee/Lessor/Lessee? _____ Percent Interest? _____

* Use the following codes to indicate sex of animal: M = Mare: F = Filly: C =Colt: S = Stallion: G = Gelding

Horse Name & Registration #		Sex*	Breed	Color	Date of Birth	Exact use and Function
Sire	Dam		Purchase Price	Desired Amount of Insurance	Purchased From	Purchase Date

1. State nature of any illness or injury to above animal in the last 36 months. _____
2. Have any horses owned by you died in the last 36 months? _____ Date: _____ Cause: _____
3. Is this animal presently or has it previously been insured? _____
 If yes, give expatriation date, exact insured amount and the company's name: _____
4. Method of worming used? _____ How Often? _____
5. Describe your feeding & supplemental program during specific seasons of the year as well as during the show/competition or breeding seasons.
 Summer Feed : _____ Winter Feed: _____ Breeding/Competition Feed: _____
6. Name of person having care, custody and control of horse if other than named insured: _____
 Address and telephone# _____
7. Do you realize that immediate notification is required by telephone of any illness, surgery, disease or death or your claim may be denied, and do you agree to do so? _____

8. If you are insuring your horse for more than the purchase price, the amount of insurance must be justified by show record, training expenses, race winnings, stud fee paid, mare is in foal, etc., since the purchase of this animal. Please give complete information to justify values: Contact Agent for further assistance if needed.

9. Name, address and telephone number of your usual Veterinarian: _____
10. Does the above mentioned animal(s) travel outside of the continental United States or Canada? _____ Where? _____

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 INSURANCE 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.

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

Date

Applicant Signature

Asset Equine & Ranch Insurance Agency, Inc.

P.O. Box 185 Pilot Point, Texas 76258

Toll Free 888-686-5662

Fax 940-686-5203

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