LIVESTOCK MORTALITY SECTION

AGENCY	CARRIER	NAIC CODE
	UNDERWRITER	UNDERWRITER OFFICE
CONTACT NAME:	POLICIES OR PROGRAM REQUESTED	
PHONE (A/C, No, Ext):		
FAX (A/C, No):	POLICY NUMBER	
E-MAIL ADDRESS:		
CODE: SUBCODE:	ACCOUNT NUMBER	
AGENCY CUSTOMER ID:		

DATE (MM/DD/YYYY)

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)					MAILING ADDRESS (of First Named Insured)
☐ INDIVIDUAL ☐ JOINT VENTURE ☐ PARTNERSHIP ☐ CORPORATION		YRS IN THIS BUS	NAICS	FEDERAL ID #	CONTACT: PHONE (A/C, No, Ext): E-MAIL ADDRESS:

ANIMAL INFORMATION

#	NAME OF ANIMAL	REGISTRATION #		ACQUIRED FROM	ACQUISITION METHOD	ACCOMODATIONS
					☐ AUCTION	☐ STALL
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE	☐ PRIVATE	☐ CORRAL
				$	☐ HOMEBRED	☐ OPEN PASTURE
BLDG #	DAM	BREED		PAYMENT METHOD	☐	☐
				☐ CASH ☐	DATE ACQUIRED	NUMBER OF ACRES
DESC OF USE / FUNCTION:				☐ CHECK		
#	NAME OF ANIMAL	REGISTRATION #		ACQUIRED FROM	ACQUISITION METHOD	ACCOMODATIONS
					☐ AUCTION	☐ STALL
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE	☐ PRIVATE	☐ CORRAL
				$	☐ HOMEBRED	☐ OPEN PASTURE
BLDG #	DAM	BREED		PAYMENT METHOD	☐	☐
				☐ CASH ☐	DATE ACQUIRED	NUMBER OF ACRES
DESC OF USE / FUNCTION:				☐ CHECK		
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					☐ AUCTION	☐ STALL
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE	☐ PRIVATE	☐ CORRAL
				$	☐ HOMEBRED	☐ OPEN PASTURE
BLDG #	DAM	BREED		PAYMENT METHOD	☐	☐
				☐ CASH ☐	DATE ACQUIRED	NUMBER OF ACRES
DESC OF USE / FUNCTION:				☐ CHECK		

COVERAGES/LIMITS

ANIMAL #	MORTALITY	OPTIONS (Y / N)		MAJOR MEDICAL	SURGERY	LOSS OF USE	PREMIUM
	$	☐ FULL MORTALITY ☐ NAMED PERILS ☐ THEFT ☐ OPTIONAL PERILS		$	$	$	$
	$	☐ FULL MORTALITY ☐ NAMED PERILS ☐ THEFT ☐ OPTIONAL PERILS		$	$	$	$
	$	☐ FULL MORTALITY ☐ NAMED PERILS ☐ THEFT ☐ OPTIONAL PERILS		$	$	$	$
	$	☐ FULL MORTALITY ☐ NAMED PERILS ☐ THEFT ☐ OPTIONAL PERILS		$	$	$	$

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AGENCY CUSTOMER ID: _____

ADDITIONAL COVERAGES

ANIMAL #	COVERAGE CODE	COVERAGE DESCRIPTION	LIMIT 1	DEDUCTIBLE	OPTIONS	PREMIUM
			$	$		
			$	$		
			$	$		
			$	$		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES THE AMOUNT OF INSURANCE APPLIED FOR, ON ANY SPECIFIC ANIMAL, EXCEED THE PURCHASE PRICE OF THAT ANIMAL?	☐
2. DOES ANYONE OTHER THAN YOU HAVE AN INSURABLE INTEREST IN ANY ANIMALS LISTED? (If "YES", list other owners, addresses and percentage of interest)	☐

NAME OF OWNER	ADDRESS	%

3. IS ANY ANIMAL LEASED TO OTHERS?	☐
4. HAS ANY ANIMAL HAD ANY INSURANCE NOT LISTED IN THE PRIOR INSURANCE SECTION? (If "YES", provide company name, policy number and expiration date)	☐

COMPANY	POLICY NUMBER	EXP DATE

5. IS THERE ANY OTHER INSURANCE ON ANY ANIMAL INCLUDED IN THIS APPLICATION?	☐
6. HAS ANY ANIMAL SUFFERED ANY ACCIDENT, DISEASE OR SICKNESS, HAD COLIC/BLOAT OR INDIGESTION, OR EXPERIENCED BIRTHING DIFFICULTIES?	☐
7. ARE THERE ANY ANIMALS THAT ARE NOT WORMED ON A REGULAR SCHEDULE?	☐
8. HAVE ALL ANIMALS RECEIVED ALL APPROPRIATE INOCULATIONS WITHIN THE LAST YEAR? (Describe inoculations, including dates)	☐

INOCUOLATION	DATE	INOCUOLATION	DATE

9. DO YOU HAVE A VETERINARIAN OR VETERINARY GROUP THAT YOU USE CONSISTENTLY? (Provide name and address)	☐
10. HAS ANY ANIMAL BEEN EXAMINED OR TREATED BY A VETERINARIAN FOR OTHER THAN ROUTINE CARE?	☐
11. IS THERE NOW ANY CONTAGIOUS OR INFECTIOUS DISEASE ON ANY PREMISES, OR HAS THERE BEEN DURING THE LAST TWELVE (12) MONTHS?	☐
12. HAVE YOU LOST ANY ANIMALS TO DEATH IN THE LAST THREE YEARS?	☐
13. IS ANY ANIMAL ON REGULAR MEDICATION OR SUPPLEMENTS?	☐
14. ARE ANY ANIMALS NOT OBSERVED AND CARED FOR ON A DAILY BASIS?	☐

AGENCY CUSTOMER ID: _____

EQUINE INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IS ANY HORSE NOT HEALTHY OR SOUND FOR THE USE INTENDED?	☐
2. FOR ALL QUARTER HORSES, APPALOOSAS OR PAINT HORSES, DOES ANY HORSE HAVE AN ANCESTOR KNOWN TO CARRY HYPP? (If "YES", provide information for each horse below) Note: Coverage will not be considered without the disclosure of HYPP status.	☐

NAME OF HORSE	HYPP Y / N	STATUS (N/N, N/H, H/H)	NAME OF HORSE	HYPP Y / N	STATUS (N/N, N/H, H/H)

3. PROVIDE FULL PARTICULARS OF ANY PAST OR PRESENT CONFORMATION PROBLEMS, DEFECTS OR AILMENTS, ILLNESS OR DISEASE, LAMENESS, INJURY OR PHYSICAL DISABILITY, INCLUDING BUT NOT LIMITED TO: OCD, NEUROLOGICAL DISORDERS, NAVICULAR DISEASE AND/OR DEGENERATIVE JOINT DISEASE.	☐
4. HAS ANY HORSE BEEN NERVED OR RECEIVED ANY SURGICAL TREATMENT FOR LAMENESS?	☐
5. HAS ANY HORSE UNDERGONE DIAGNOSTIC ULTRASOUNDS, X-RAYS OR BONE SCANS? (If "YES", provide the results)	☐
6. HAS ANY HORSE RECEIVED ANY JOINT INJECTIONS, ANY TYPE OF MEDICATION, LONG OR SHORT TERM, OR ANY PREVENTATIVE TREATMENTS IN THE LAST TWELVE (12) MONTHS?	☐
7. HAS ANY HORSE BEEN TREATED FOR HOOF PROBLEMS, FOUNDER/LAMINITIS, OR ROTATION OF THE COFFIN BONE?	☐
8. IS ANY MARE IN FOAL? (If "YES", give animal number, name of covering stallion and stud fee paid)	☐

Animal #	Name of Covering Stallion	Stud Fee Paid	Animal #	Name of Covering Stallion	Stud Fee Paid

9. HAS ANY ANIMAL BEEN USED AS A HUNTER, JUMPER OR EVENTER, OR FOR RACING?	☐

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED				☐	LOCATION: / BUILDING:
☐ LOSS PAYEE					VEHICLE: / BOAT:
☐ MORTGAGEE					SCHEDULED ITEM NUMBER:
☐ LIENHOLDER					OTHER
☐ EMPLOYEE AS LESSOR					
☐		ITEM DESCRIPTION:			

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED				☐	LOCATION: / BUILDING:
☐ LOSS PAYEE					VEHICLE: / BOAT:
☐ MORTGAGEE					SCHEDULED ITEM NUMBER:
☐ LIENHOLDER					OTHER
☐ EMPLOYEE AS LESSOR					
☐		ITEM DESCRIPTION:			

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED				☐	LOCATION: / BUILDING:
☐ LOSS PAYEE					VEHICLE: / BOAT:
☐ MORTGAGEE					SCHEDULED ITEM NUMBER:
☐ LIENHOLDER					OTHER
☐ EMPLOYEE AS LESSOR					
☐		ITEM DESCRIPTION:			

AGENCY CUSTOMER ID: _____

REMARKS

ATTACHMENTS

☐	RACING RECORD
☐	SHOW RECORD
☐	VET CERTIFICATE
☐	SUBSTANTIATION OF VALUE
☐	
☐	

TOTAL PREMIUM

TOTAL AMOUNT OF COVERAGE:	**$**
RATE:	**%**
PREMIUM:	**$**
TAXES / SURCHARGES:	**$**
TOTAL PREMIUM:	**$**
MINIMUM PREMIUM:	**$**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND AGREE THAT IT IS REQUIRED UNDER THE POLICY TO GIVE IMMEDIATE NOTICE BY TELEPHONE OF ANY ILLNESS, INJURY, DISEASE OR DEATH, OR MY CLAIM MAY BE DENIED.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER