## **ANIMAL MORTALITY APPLICATION** for HORSES



## (Minimum Earned Policy Premium \$250.00)

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Producer's Name Northwest Insurance, LLC				Applicant's Nam	ie						
Mail Address 200 North 3rd Ave			Mail Address								
City, ST Zip Purcell, OK 73080			City, ST Zip								
Phone 800-828-0279				Phone							
Fax 405-494-8060				Fax							
E-mail Address	denises@mcn.net			E-Mail Addres	SS						
	www.northwestequi										
☐ Individual	☐ Partnership ☐ Cor	poration 🔲 <sup>Jo</sup>	int Ven	iture 🔲 Limi	ited Liability Corp	. Dother					
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(Coverage begins on	the date of acceptance by the Comp	pany) 🔲 Endor	semen	ıL	(Policy Number)	(Available	on Premium	is over	\$500 <i>)</i>		
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Identification (S	ire/Dam, Registration#, Tattoo#, Micr	ochip#, or Pictures if unre	gistered)	Sex (Stallion	, Mare, Colt, Filly, Gelding)	Breed	<u>I</u>		Us	<u>e</u>	
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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 Payees:(Name and Address)
16.	Name, Address and Phone Number of person(s) giving care, custody, and control of horse(s) if other than the named insured:
17.	If the purchase price was not paid entirely in cash, please describe the transaction in detail.
18.	Are the horses leased to others? Tyes No If yes please attached a copy of the lease(s).
19.	Is there any other insurance on the horses? Yes No If Yes, provide the carrier name:  Expiration Date: Amount of coverage:
20.	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 application in MO)
21.	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? ☐ Yes ☐ No If Yes, give date, cause, value and explain:
22.	Name, address, and telephone number of the horse's primary licensed veterinarian:
23.	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
24.	If horse is not currently insured, why are you choosing to insure now?
25.	If horse is a breeding stallion, how is breeding done? (Live Cover, Pasture Breeding, Collection)
26.	If horse is a breeding mare, how is she bred? (Carrying foal, flushed, not carrying, ICSI)
	Please provide explanation/details for any " <b>Yes</b> " answers to questions 2,4,5,6,7,8,9,and 11C or any " <b>No</b> " answers to questions 3.

A Vet exam may be required to bind coverage.

If you are requesting a limit of insurance that is more than purchase price, please provide justification of value. (Training cost, Winnings, etc.)

☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.
(Not applicable in all states, consult your agent or broker for your state's requirements.)
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHE THAN YOU INCONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AN PRIVILEGED INFORMATION COLLECTED BY USOR OUR AGENT'S MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIE
WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEWYOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUES CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS ANDOUR PRACTICES REGARDING SUC INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMITA REQUEST.
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHE
PERSON FILES AN APPLICATION FOR INSURANCE ORSTATEMENT OF CLAIM CONTAINING ANY MATERIALL' FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING
ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECT
THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVILPENALTIES. (Not applicable in CO, DC, FL,
HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDINGTHE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IFFALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OF MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.
IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE ORBELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR ACLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TOCONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OF CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATIONCONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY ORANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FORTHE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BEA CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OFDEFRAUDING THE COMPANY PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THEANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF

PRODUCERS NAME (Please Print)

DATE (Must be no more than 30 days prior to policy effective date)

STATE PRODUCER LICENSE NO.

(Required in Florida)

HIS/HERKNOWLEDGE.

APPLICANTS SIGNATURE

PRODUCERS SIGNATURE