ANIMAL MORTALITY RENEWAL APPLICATION
HORSES ONLY

Producer's Name	NORTHWEST INSURANCE LLC	Policy Number:	
Mail Address	200 N 3RD	Expiration Date:	
City, ST Zip	PURCELL, OK 73080	Applicant's Name	
Phone	(800)828-0279	Mail Address	
		City, ST Zip	

To apply for renewal coverage, you must complete and return this Animal Mortality Renewal Application before the expiration date shown above.

The Veterinarian's Statement of Examination must be completed if any of the following apply to a covered animal.

- A Covered Animal required a veterinarian's care or treatment for illness or injury during the current policy period.
- The Limit of Insurance on a horse exceeds $100,000.

Type of Renewal Coverage Requested:

1. Animal Name and Location (City, State) _____ Registration Number _____ Use of Animal (*If Show, list all events) _____ Insured Value of Horse _____

☐ Mortality - Full	☐ Major Medical $7,500	☐ Loss of Use
☐ Mortality - Limited	☐ Major Medical $10,000	☐ Loss of Use-Limited
☐ Renewal Protection	☐ Major Medical $15,000	☐ Surgical $5,000 Limit
☐ Major Medical $5,000 Basic	☐ Major Medical $10,000 high deductible	☐ Aggregate Deductible
☐ Major Medical $7,500 Basic	☐ Accident, Sickness and Disease	☐ Other _____

1. Is the horse currently free of lameness and healthy without the use of drugs? ☐Yes ☐No
2. Has the horse been examined by a veterinarian within the last year? ☐Yes ☐No
3. Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months? ☐Yes ☐No
4. Has the horse been nerved or received any treatment for lameness? ☐Yes ☐No
5. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months? ☐Yes ☐No
6. Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 12 months? ☐Yes ☐No
7. Is the horse due to foal any time during the requested policy period? ☐Yes ☐No
   If Yes Give Foaling Date: _____ Stud Fee $_____ Number of previous foals _____
8. Has the horse shown any HYPP signs or symptoms? ☐Yes ☐No

If question 1 is answered No, and any other questions answered Yes, please explain on a separate page.

2. Animal Name and Location (City, State) _____ Registration Number _____ Use of Animal (*If Show, list all events) _____ Insured Value of Horse _____

☐ Mortality - Full	☐ Major Medical $7,500	☐ Loss of Use
☐ Mortality - Limited	☐ Major Medical $10,000	☐ Loss of Use-Limited
☐ Renewal Protection	☐ Major Medical $15,000	☐ Surgical $5,000 Limit
☐ Major Medical $5,000 Basic	☐ Major Medical $10,000 high deductible	☐ Aggregate Deductible
☐ Major Medical $7,500 Basic	☐ Accident, Sickness and Disease	☐ Other _____

1. Is the horse currently free of lameness and healthy without the use of drugs? ☐Yes ☐No
2. Has the horse been examined by a veterinarian within the last year? ☐Yes ☐No
3. Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months? ☐Yes ☐No
4. Has the horse been nerved or received any treatment for lameness? ☐Yes ☐No
5. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months? ☐Yes ☐No
6. Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 12 months? ☐Yes ☐No
7. Is the horse due to foal any time during the requested policy period? ☐Yes ☐No
   If Yes Give Foaling Date: _____ Stud Fee $ _____ Number of Previous Foals _____
8. Has the horse shown any HYPP signs or symptoms? ☐Yes ☐No

If question 1 is answered No, and any other questions answered Yes, please explain on a separate page.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO ANY INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

Insured's Signature _____ **Date** _____

(DO NOT sign and return earlier than 30 days before the Expiration Date shown above)