ANIMAL MORTALITY APPLICATION for HORSES



(Minimum Earned Policy Premium \$250.00)

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	icer's Name Northwest Insu		Applicant's Nam	ie										
	Address 200 North 3rd A			Mail Address										
-	ST Zip Purcell, OK 73	080		City, ST Zip										
Phon				Phone										
Fax -	405-494-8060			Fax										
E-ma	denises@mcn.r			E-Mail Address Policy Term Desired (maximum term 12 months):										
		tequineinsurance.co		•	Desirea (maximun	n term 12 mon	tns):							
☐ Ir	ndividual Partnership	Corporation	int Vent	ure 🗌 Limit	ted Liability Corp.	Other _								
Prop	osed Effective Date:	New	Policy		lı	nstallment Payr	nent Plans	s? Г	∃Yes	ПΝ	lo.			
	age begins on the date of acceptance by the		orsement		(Policy Number)		on Premiur				-			
ΔΔ	Animal Name	Date of Birth	Date	of Purchase	Purchase Price	(or stud fee if raised)	Request	ed Lim	it of I	nsura	nce			
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Page 1 of 3

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 Payee(s):
	(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? ☐Yes ☐No If Yes, please attach 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?
21.	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?
Plea	se provide details for any "Yes" answers to questions 2,4,5,6,7,8,10 and 11c. and any "No" answers to questions 3 and 22.

Note: A Veterinarian Certificate of Exam <u>is</u> required if:

1. Horse is under 6 months of age

2. Horse is over 16 years of age

- 3. Horse is valued over \$50,000
- 4. You have not known the horse over 30 days (A pre-purchase exam no older than 30 days can be submitted in place of the vet exam)

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(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 OTHER THAN YOU INCONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY USOR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEWYOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS ANDOUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMITA REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE ORSTATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS 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, OR 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; OR 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 HIS/HERKNOWLEDGE.

APPLICANTS SIGNATURE		DATE (Must be no more than 30 days prior to	o policy effective date)
PRODUCERS SIGNATURE	PRODUCERS	S NAME(Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)