



LIVESTOCK MORTALITY SECTION

DATE (MM/DD/YYYY)

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

APPLICANT INFORMATION

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

ANIMAL INFORMATION

#	NAME OF ANIMAL	REGISTRATION #		ACQUIRED FROM		ACQUISITION METHOD		ACCOMODATIONS	
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE		<input type="checkbox"/>	AUCTION	<input type="checkbox"/>	STALL
				\$		<input type="checkbox"/>	PRIVATE	<input type="checkbox"/>	CORRAL
BLDG #	DAM	BREED		PAYMENT METHOD		<input type="checkbox"/>	HOME BRED	<input type="checkbox"/>	OPEN PASTURE
DESC OF USE / FUNCTION:				<input type="checkbox"/>	CASH	<input type="checkbox"/>	DATE ACQUIRED	NUMBER OF ACRES	
				<input type="checkbox"/>	CHECK				
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE		<input type="checkbox"/>	AUCTION	<input type="checkbox"/>	STALL
				\$		<input type="checkbox"/>	PRIVATE	<input type="checkbox"/>	CORRAL
BLDG #	DAM	BREED		PAYMENT METHOD		<input type="checkbox"/>	HOME BRED	<input type="checkbox"/>	OPEN PASTURE
DESC OF USE / FUNCTION:				<input type="checkbox"/>	CASH	<input type="checkbox"/>	DATE ACQUIRED	NUMBER OF ACRES	
				<input type="checkbox"/>	CHECK				
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE		<input type="checkbox"/>	AUCTION	<input type="checkbox"/>	STALL
				\$		<input type="checkbox"/>	PRIVATE	<input type="checkbox"/>	CORRAL
BLDG #	DAM	BREED		PAYMENT METHOD		<input type="checkbox"/>	HOME BRED	<input type="checkbox"/>	OPEN PASTURE
DESC OF USE / FUNCTION:				<input type="checkbox"/>	CASH	<input type="checkbox"/>	DATE ACQUIRED	NUMBER OF ACRES	
				<input type="checkbox"/>	CHECK				
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE		<input type="checkbox"/>	AUCTION	<input type="checkbox"/>	STALL
				\$		<input type="checkbox"/>	PRIVATE	<input type="checkbox"/>	CORRAL
BLDG #	DAM	BREED		PAYMENT METHOD		<input type="checkbox"/>	HOME BRED	<input type="checkbox"/>	OPEN PASTURE
DESC OF USE / FUNCTION:				<input type="checkbox"/>	CASH	<input type="checkbox"/>	DATE ACQUIRED	NUMBER OF ACRES	
				<input type="checkbox"/>	CHECK				

COVERAGES/LIMITS

ANIMAL #	MORTALITY	OPTIONS (Y / N)		MAJOR MEDICAL	SURGERY	LOSS OF USE	PREMIUM
\$		<input type="checkbox"/>	FULL MORTALITY	<input type="checkbox"/>	NAMED PERILS	\$	\$
		<input type="checkbox"/>	THEFT	<input type="checkbox"/>	OPTIONAL PERILS	\$	\$
\$		<input type="checkbox"/>	FULL MORTALITY	<input type="checkbox"/>	NAMED PERILS	\$	\$
		<input type="checkbox"/>	THEFT	<input type="checkbox"/>	OPTIONAL PERILS	\$	\$
\$		<input type="checkbox"/>	FULL MORTALITY	<input type="checkbox"/>	NAMED PERILS	\$	\$
		<input type="checkbox"/>	THEFT	<input type="checkbox"/>	OPTIONAL PERILS	\$	\$
\$		<input type="checkbox"/>	FULL MORTALITY	<input type="checkbox"/>	NAMED PERILS	\$	\$
		<input type="checkbox"/>	THEFT	<input type="checkbox"/>	OPTIONAL PERILS	\$	\$

ADDITIONAL COVERAGES

AGENCY CUSTOMER ID: _____

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?				<input type="checkbox"/>
2. DOES ANYONE OTHER THAN YOU HAVE AN INSURABLE INTEREST IN ANY ANIMALS LISTED? (If "YES", list other owners, addresses and percentage of interest)				<input type="checkbox"/>
NAME OF OWNER		ADDRESS		%
3. IS ANY ANIMAL LEASED TO OTHERS?				<input type="checkbox"/>
4. HAS ANY ANIMAL HAD ANY INSURANCE NOT LISTED IN THE PRIOR INSURANCE SECTION? (If "YES", provide company name, policy number and expiration date)				<input type="checkbox"/>
COMPANY		POLICY NUMBER		EXP DATE
5. IS THERE ANY OTHER INSURANCE ON ANY ANIMAL INCLUDED IN THIS APPLICATION?				<input type="checkbox"/>
6. HAS ANY ANIMAL SUFFERED ANY ACCIDENT, DISEASE OR SICKNESS, HAD COLIC/BLOAT OR INDIGESTION, OR EXPERIENCED BIRTHING DIFFICULTIES?				<input type="checkbox"/>
7. ARE THERE ANY ANIMALS THAT ARE NOT WORMED ON A REGULAR SCHEDULE?				<input type="checkbox"/>
8. HAVE ALL ANIMALS RECEIVED ALL APPROPRIATE INOCULATIONS WITHIN THE LAST YEAR? (Describe inoculations, including dates)				<input type="checkbox"/>
INOCULATION		DATE	INOCULATION	
9. DO YOU HAVE A VETERINARIAN OR VETERINARY GROUP THAT YOU USE CONSISTENTLY? (Provide name and address)				<input type="checkbox"/>
10. HAS ANY ANIMAL BEEN EXAMINED OR TREATED BY A VETERINARIAN FOR OTHER THAN ROUTINE CARE?				<input type="checkbox"/>
11. IS THERE NOW ANY CONTAGIOUS OR INFECTIOUS DISEASE ON ANY PREMISES, OR HAS THERE BEEN DURING THE LAST TWELVE (12) MONTHS?				<input type="checkbox"/>
12. HAVE YOU LOST ANY ANIMALS TO DEATH IN THE LAST THREE YEARS?				<input type="checkbox"/>
13. IS ANY ANIMAL ON REGULAR MEDICATION OR SUPPLEMENTS?				<input type="checkbox"/>
14. ARE ANY ANIMALS NOT OBSERVED AND CARED FOR ON A DAILY BASIS?				<input type="checkbox"/>

EQUINE INFORMATION

EXPLAIN ALL "YES" RESPONSES						Y / N
1. IS ANY HORSE NOT HEALTHY OR SOUND FOR THE USE INTENDED?						<input type="checkbox"/>
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.						<input type="checkbox"/>
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.						<input type="checkbox"/>
4. HAS ANY HORSE BEEN NERVED OR RECEIVED ANY SURGICAL TREATMENT FOR LAMENESS?						<input type="checkbox"/>
5. HAS ANY HORSE UNDERGONE DIAGNOSTIC ULTRASOUNDS, X-RAYS OR BONE SCANS? (If "YES", provide the results)						<input type="checkbox"/>
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?						<input type="checkbox"/>
7. HAS ANY HORSE BEEN TREATED FOR HOOF PROBLEMS, FOUNDER/LAMINITIS, OR ROTATION OF THE COFFIN BONE?						<input type="checkbox"/>
8. IS ANY MARE IN FOAL? (If "YES", give animal number, name of covering stallion and stud fee paid)						<input type="checkbox"/>
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?						<input type="checkbox"/>

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

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
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