

National Livestock Insurance Agency

P. O. Box 2821, Amarillo, TX 79105
 BEN LATHAM, AGENT
 Phone # 806-372-3801
 or 800-692-4031; Fax# 806-372-3826
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**ANIMAL MORTALITY APPLICATION
 for HORSES**



(Minimum Earned Policy Premium \$250.00)

| | |
|---|---|
| Producer's Name _____ Agency Code <u>87 - 421750</u> Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____ | Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____ Policy Term Desired (maximum term 12 months): _____ |
|---|---|

Individual
 Partnership
 Corporation
 Joint Venture
 Limited Liability Corp.
 Other _____

Proposed Effective Date: _____ New Policy
 Installment Payment Plans? Yes No
 (Coverage begins on the date of acceptance by the Company)
 Endorsement _____ (Policy Number)
 (Available on Premiums over \$500)

| A. Animal Name | Date of Birth | Date of Purchase | Purchase Price (or stud fee if raised) | Requested Limit of Insurance |
|---|---------------|---|--|------------------------------|
| <u>Identification</u> (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered) | | <u>Sex</u> (Stallion, Mare, Colt, Filly, Gelding) | | <u>Breed</u> |
| <u>Use</u> | | | | |
| <u>Primary Stable Location:</u> | | | | |
| B. Animal Name | Date of Birth | Date of Purchase | Purchase Price (or stud fee if raised) | Requested Limit of Insurance |
| <u>Identification</u> (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered) | | <u>Sex</u> (Stallion, Mare, Colt, Filly, Gelding) | | <u>Breed</u> |
| <u>Use</u> | | | | |
| <u>Primary Stable Location:</u> | | | | |

All Limits of Insurance are subject to company approval.

For a Requested Limit of Insurance that does not equal the Purchase Price, complete and attach a **Substantiation of Value**.

Type of Coverage Requested:

| | | |
|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Mortality - Full <input type="checkbox"/> <input type="checkbox"/> Mortality - Limited <input type="checkbox"/> <input type="checkbox"/> Renewal Protection <input type="checkbox"/> <input type="checkbox"/> Major Medical \$5,000, Basic <input type="checkbox"/> <input type="checkbox"/> Major Medical \$7,500, Basic | <input type="checkbox"/> <input type="checkbox"/> Major Medical \$7,500 <input type="checkbox"/> <input type="checkbox"/> Major Medical \$10,000 <input type="checkbox"/> <input type="checkbox"/> Major Medical \$15,000 <input type="checkbox"/> <input type="checkbox"/> Major Medical \$10,000 high deductible <input type="checkbox"/> <input type="checkbox"/> Accident, Sickness and Disease | <input type="checkbox"/> <input type="checkbox"/> Loss of Use <input type="checkbox"/> <input type="checkbox"/> Loss of Use-Limited <input type="checkbox"/> <input type="checkbox"/> Surgical \$5,000 Limit <input type="checkbox"/> <input type="checkbox"/> Aggregate Deductible <input type="checkbox"/> <input type="checkbox"/> Other |
|---|---|---|

| | | Horse A | | Horse B | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Y | N | Y | N |
| 1. | Was a pre-purchase exam completed? If Yes, a copy of the examination results may be requested by the Company. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has the horse been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, or other than routine care within the last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is the horse currently free of lameness and healthy without the use of drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Does the horse have any past conformational problems or defects, illness or disease, lameness, or injury or physical disability including, but not limited to: laminitis/founder, OCD, neurological disorders (e.g. EPM) navicular disease, and/or degenerative joint disease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Has the horse been nerved or received any treatment for lameness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Is the horse due to foal any time during the requested Policy Period? If Yes, please give: Estimated Foaling Date: _____; Number of Previous Foals: _____; Stud fee: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Has the horse ever experienced birthing difficulties? (Mares only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Does the horse have an ancestor known to carry HYPP? If No, please move on to question 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. | Has the horse been HYPP tested? If Yes, please check the test results. N/N <input type="checkbox"/> A <input type="checkbox"/> B N/H <input type="checkbox"/> A <input type="checkbox"/> B H/H <input type="checkbox"/> A <input type="checkbox"/> B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Please check the HYPP test results of the horse's Sire and Dam. Sire: N/N <input type="checkbox"/> A <input type="checkbox"/> B N/H <input type="checkbox"/> A <input type="checkbox"/> B H/H <input type="checkbox"/> A <input type="checkbox"/> B Unknown <input type="checkbox"/> A <input type="checkbox"/> B Dam: N/N <input type="checkbox"/> A <input type="checkbox"/> B N/H <input type="checkbox"/> A <input type="checkbox"/> B H/H <input type="checkbox"/> A <input type="checkbox"/> B Unknown <input type="checkbox"/> A <input type="checkbox"/> B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Has the horse ever shown any HYPP signs or symptoms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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. 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, 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 DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE 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 AN APPLICATION 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 OR BELIEF 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 A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING 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 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A 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 OF DEFRAUDING 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 THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANTS SIGNATURE

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

PRODUCERS SIGNATURE

PRODUCERS NAME (Please Print)

STATE PRODUCER LICENSE NO.
(Required in Florida)

STATEMENT OF HEALTH

Horses Only



| | |
|--|--|
| Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____ | Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____ |
|--|--|

**This Statement forms part of the Animal Mortality Application for Horses.
(To be completed by the applicant.)**

| Animal Name | Date of Birth | Date of Purchase | Purchase Price (or stud fee if raised) | Requested Limit of Insurance |
|---|---------------|---|--|------------------------------|
| Identification (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered) | | Sex (Stallion, Mare, Colt, Filly, Gelding) | Breed | Use |

| | | |
|----|--|--|
| 1. | Has the horse been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, or other than routine care within the last year? If YES, Please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Is the horse currently free of lameness and healthy without the use of drugs? If NO, Please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 12 months? If YES, Please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Does the horse have any past conformational problems or defects, illness or disease, lameness, or injury or physical disability including, but not limited to: laminitis/founder, OCD, neurological disorders (e.g. EPM) navicular disease, and/or degenerative joint disease? If YES, Please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Has the horse been nerved or received any treatment for lameness? If YES, Please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months? If YES, Please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 12 months? If YES, Please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Is the horse due to foal any time during the requested Policy Period? If Yes, please give: Estimated Foaling Date: _____; Number of Previous Foals: _____; Stud fee: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Has the horse ever experienced birthing difficulties? (Mares only) If YES, Please explain | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I declare the above statements are true and complete, and that no material information was withheld.

| | |
|-----------------------------|---|
| Applicant's Signature _____ | Date: (Must be no more than 30 days prior to policy effective date) _____ |
|-----------------------------|---|

**Substantiation of Value
Horses**



This document forms part of the Animal Mortality Application

| | |
|--|---|
| Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____ | Policy Number: _____ Animal Name: _____ Purchase Price: \$ _____ Purchase Date: _____ Amount of Insurance Desired: \$ _____ |
|--|---|

Breed _____ Use _____ Sex _____ Date of Birth _____
Sire: _____ Dam: _____ Registration Number _____

Show / Performance Record(s)

| Show / Competition | Show Rating | | Date of Show | Class / Division | Number of Entries | Placement | Winnings | Number of Points |
|--------------------|-------------------------------------|-----------------------------------|--------------|------------------|-------------------|-----------|----------|------------------|
| | N=National R=Regional S=State | D=District C=County L=Local | | | | | | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |

Training Record(s)

| Name of Trainer | Type of Training | Cost of Training (Excluding Board, Vet and Maintenance Fees) | | |
|-----------------|------------------|---|------------------|------------|
| | | Per Month | Number of Months | Total Cost |
| | | | | \$ |
| | | | | \$ |

Breeding Stallions

| Number of Non-Owned Mares Booked This Year | Number of Non-Owned Mares Bred This Year | Stud Fee Charged | This Years Annual Breeding Income* |
|--|--|------------------|------------------------------------|
| | | | |

| Number of Non-Owned Mares Booked Last Year | Number of Non-Owned Mares Bred Last Year | Stud Fee Charged | Last Years Annual Breeding Income* |
|--|--|------------------|------------------------------------|
| | | | |

*Breeding Income is defined as the amount of money that was earned in that particular year when stud fees were paid to you after the fulfillment of breeding contracts.
Any Additional information _____

Broodmare Record

| Number of Live Births Since Owned | Number of Foals | | Average Selling Price of | | Is Mare Pregnant now? Yes or No (If Yes, Amount of Stud/Service Fee) | Due Date |
|-----------------------------------|------------------|-----------------------|--------------------------|---------------|--|----------|
| | Sold Since Owned | Average Selling Price | Full Siblings | Half Siblings | | |
| | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ | |

Foal Record

| Stud Fee of Sire | Average Selling Price of Full Siblings | Average Selling Price of Half Siblings |
|------------------|--|--|
| \$ | \$ | \$ |

Other Information to Substantiate Value:

| |
|--|
| |
| |
| |
| |

Applicant declares the above statements are true and complete, and that no material information was withheld.

| | |
|----------------------------|-------------|
| Applicants Signature _____ | Date: _____ |
|----------------------------|-------------|