# ANIMAL INFORMATION

<table>
<thead>
<tr>
<th>#</th>
<th>NAME OF ANIMAL</th>
<th>REGISTRATION #</th>
<th>ACQUIRED FROM</th>
<th>ACQUISITION METHOD</th>
<th>ACCOMMODATIONS</th>
<th>DATE ACQUIRED</th>
<th>NUMBER OF ACRES</th>
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- **LOC #** SIRE
- **SEX**
- **BIRTH DATE**
- **PURCHASE PRICE** $ 
- **PAYMENT METHOD** CHECK 
- **DATE ACQUIRED** 
- **NUMBER OF ACRES** 

**DESC OF USE / FUNCTION:**

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**COVERAGES / LIMITS**

<table>
<thead>
<tr>
<th>ANIMAL #</th>
<th>MORTALITY</th>
<th>OPTIONS (Y / N)</th>
<th>MAJOR MEDICAL</th>
<th>SURGERY</th>
<th>LOSS OF USE</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>FULL</td>
<td>NAMED PERILS</td>
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<td>OPTIONAL PERILS</td>
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<tr>
<td>ANIMAL #</td>
<td>COVERAGE CODE</td>
<td>COVERAGE DESCRIPTION</td>
<td>LIMIT 1</td>
<td>DEDUCTIBLE</td>
<td>OPTIONS</td>
<td>PREMIUM</td>
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**GENERAL INFORMATION**

**EXPLAIN ALL “YES” RESPONSES**  

1. DOES THE AMOUNT OF INSURANCE APPLIED FOR, ON ANY SPECIFIC ANIMAL, EXCEED THE PURCHASE PRICE OF THAT ANIMAL?  

2. DOES ANYONE OTHER THAN YOU HAVE AN INSURABLE INTEREST IN ANY ANIMALS LISTED?  
   (If “YES”, list other owners, addresses and percentage of interest)

<table>
<thead>
<tr>
<th>NAME OF OWNER</th>
<th>ADDRESS</th>
<th>%</th>
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3. IS ANY ANIMAL LEASED TO OTHERS?

4. HAS ANY ANIMAL HAD ANY INSURANCE NOT LISTED IN THE PRIOR INSURANCE SECTION?  
   (If “YES”, provide company name, policy number and expiration date)

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>POLICY NUMBER</th>
<th>EXP DATE</th>
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5. IS THERE ANY OTHER INSURANCE ON ANY ANIMAL INCLUDED IN THIS APPLICATION?

6. HAS ANY ANIMAL SUFFERED ANY ACCIDENT, DISEASE OR SICKNESS, HAD COLIC/BLOAT OR INDIGESTION, OR EXPERIENCED BIRTHING DIFFICULTIES?

7. ARE THERE ANY ANIMALS THAT ARE NOT WORMED ON A REGULAR SCHEDULE?

8. HAVE ALL ANIMALS RECEIVED ALL APPROPRIATE INOCULATIONS WITHIN THE LAST YEAR? (Describe inoculations, including dates)

<table>
<thead>
<tr>
<th>INOCULATION</th>
<th>DATE</th>
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9. DO YOU HAVE A VETERINARIAN OR VETERINARY GROUP THAT YOU USE CONSISTENTLY? (Provide name and address)

10. HAS ANY ANIMAL BEEN EXAMINED OR TREATED BY A VETERINARIAN FOR OTHER THAN ROUTINE CARE?

11. IS THERE NOW ANY CONTAGIOUS OR INFECTIOUS DISEASE ON ANY PREMISES, OR HAS THERE BEEN DURING THE LAST TWELVE (12) MONTHS?

12. HAVE YOU LOST ANY ANIMALS TO DEATH IN THE LAST THREE YEARS?

13. IS ANY ANIMAL ON REGULAR MEDICATION OR SUPPLEMENTS?

14. ARE ANY ANIMALS NOT OBSERVED AND CARED FOR ON A DAILY BASIS?
**EQUINE INFORMATION**

**EXPLAIN ALL "YES" RESPONSES**

1. IS ANY HORSE NOT HEALTHY OR SOUND FOR THE USE INTENDED?

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.

<table>
<thead>
<tr>
<th>ANIMAL #</th>
<th>NAME OF HORSE</th>
<th>HYPP</th>
<th>STATUS</th>
<th>ANIMAL #</th>
<th>NAME OF HORSE</th>
<th>HYPP</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y/N</td>
<td>(NN, NH, HH)</td>
<td></td>
<td></td>
<td>Y/N</td>
<td>(NN, NH, HH)</td>
</tr>
</tbody>
</table>

3. DO ANY ANIMALS, PAST OR PRESENT, HAVE CONFORMATION PROBLEMS, DEFECTS ORAILMENTS, ILLNESS OR DISEASE, LAMENESS, INJURY OR PHYSICAL DISABILITY, INCLUDING BUT NOT LIMITED TO: OCD, NEUROLOGICAL DISORDERS, NAVICULAR DISEASE AND/OR DEGENERATIVE JOINT DISEASE. PROVIDE FULL PARTICULARS.

4. HAS ANY HORSE BEEN NERVED OR RECEIVED ANY SURGICAL TREATMENT FOR LAMENESS?

5. HAS ANY HORSE UNDERGONE DIAGNOSTIC ULTRASOUNDS, X-RAYS OR BONE SCANS? (If "YES", provide the results)

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?

7. HAS ANY HORSE BEEN TREATED FOR HOOF PROBLEMS, FOUNDER/LAMINITIS, OR ROTATION OF THE COFFIN BONE?

8. IS ANY MARE IN FOAL? (If "YES", give animal number, name of covering stallion and stud fee paid)

<table>
<thead>
<tr>
<th>Animal #</th>
<th>Name of Covering Stallion</th>
<th>Stud Fee Paid</th>
<th>Animal #</th>
<th>Name of Covering Stallion</th>
<th>Stud Fee Paid</th>
</tr>
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9. HAS ANY ANIMAL BEEN USED AS A HUNTER, JUMPER OR EVENTER, OR FOR RACING?

**ADDITIONAL INTEREST**

**INTEREST**

**NAME AND ADDRESS**

**RANK:**

**EVIDENCE:**

**CERTIFICATE**

**POLICY**

**SEND BILL**

**INTEREST IN ITEM NUMBER**

**LOCATION:**

**BUILDING:**

**VEHICLE:**

**BOAT:**

**AIRPORT:**

**AIRCRAFT:**

**ITEM CLASS:**

**ITEM DESCRIPTION**

**REASON FOR INTEREST:**

**E-MAIL ADDRESS:**

**TOTAL PREMIUM**

**TOTAL AMOUNT OF COVERAGE:** $  
**PREMIUM:** $  
**TOTAL PREMIUM:** $  
**RATE:**  
**TAXES / SURCHARGES:** $  
**MINIMUM PREMIUM:** $  

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Applicable in NJ
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in PR
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in OR
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree). *Applies in OR Only.

Applicable in KS
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.

Applicable in FL and OK
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). *Applies in FL Only.

Applicable in CO
Any person who knowingly (or willfully) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in CO Only.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation). *Applies in AL Only.

Applicable in KY, NY, OH and PA
Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation). *Applies in NY Only.

Applicable in ME, TN, VA and WA
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may) include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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.

PRODUCER'S SIGNATURE: ____________________________ PRODUCER’S NAME (Please Print): ____________________________ STATE PRODUCER LICENSE NO: ____________________________ (Required in Florida)

APPLICANT’S SIGNATURE: ____________________________ DATE: ____________________________ NATIONAL PRODUCER NUMBER: ____________________________