

# ANIMAL MORTALITY APPLICATION

Producer's Name: <u>Knights Insurance Agency</u> Agency Code: _____ Mail Address: <u>350 Hwy 290 E. Ste #3</u> City, ST ZIP: <u>Hempstead, Texas 77445</u> Phone: <u>(979) 826-3026</u> Fax: <u>(979) 826-3261</u> E-mail Address: <u>kristy@knightequine.com</u>	Applicant's Name: _____ Mail Address: _____ City, ST, Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____
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Individual  
  Partnership  
  Corporation  
  Joint Venture  
  Limited Liability Corp  
  Other

Proposed Effective Date: \_\_\_\_\_      Policy Term Desired (maximum term 12 months): \_\_\_\_\_

<b>Type of Coverage Requested:</b> <input type="checkbox"/> Mortality - Full <input type="checkbox"/> Renewal Protection <input type="checkbox"/> Major Medical \$5,000 <input type="checkbox"/> Major Medical \$10,000 <input type="checkbox"/> Loss of Use <input type="checkbox"/> Mortality - Limited <input type="checkbox"/> Aggregate Ded. <input type="checkbox"/> Major Medical \$7,500 <input type="checkbox"/> Accident, Sickness and Disease <input type="checkbox"/> Surgical	<b>(Minimum Policy Premium \$250.00)</b> (Coverage begins on the date of acceptance by the Company)
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<b>1.)</b>	<b>Animal Mortality</b>	<b>Breed</b>	<b>Date of Birth</b>	<b>Purchase Price (or stud fee if raised)</b>
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<p style="text-align: center;"><b>Positive Identification</b></p> Minimum of one selection required ___ Sire and Dam } _____ _____ ___ Registration # _____ ___ Tattoo # _____ ___ Microchip # _____ ___ *Unregistered _____ *(color photos of front & sides of animal are required)	<p style="text-align: center;"><b>Sex</b></p> ___ Stallion ___ Mare ___ Colt ___ Filly ___ Gelding ___ Bull ___ Heifer ___ Cow ___ Steer ___ Other	<p style="text-align: center;"><b>Date Acquired</b></p> _____ <p style="text-align: center;"><b>Exact Use</b></p> *If Show list all events _____ _____ _____	<p style="text-align: center;"><b>Insurance Desired</b></p> _____ **For amounts other than purchase price, Complete and attach <b>Substantiation of Value.</b> Amounts other than purchase price are subject to Company approval. <p style="text-align: center;"><b>Acquired From</b></p> _____ _____ _____
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<b>2.)</b>	<b>Animal Mortality</b>	<b>Breed</b>	<b>Date of Birth</b>	<b>Purchase Price (or stud fee if raised)</b>
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<b>3.)</b>	<b>Animal Mortality</b>	<b>Breed</b>	<b>Date of Birth</b>	<b>Purchase Price (or stud fee if raised)</b>
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1. Is applicant the sole owner of the animal(s) listed?  Yes  No If No, provide other owner(s) % of interest, Name and address:  
\_\_\_\_\_
2. For any animal listed, if the Purchase Price was not paid entirely in case, please describe the transaction in detail.  
\_\_\_\_\_
3. Loss Payee(s): \_\_\_\_\_  
(Name and Address) \_\_\_\_\_
4. Has any same type of animal owned by the applicant died in the past 5 years, whether covered by insurance or not?  Yes  No
5. Has any insurance carrier ever canceled or refused to insure any animal in which the applicant has or had an insurable interest?  
 Yes  No If Yes, provide details: (Not applicable in MO) \_\_\_\_\_
6. Name of current insurance carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
List optional coverage(s) provided: \_\_\_\_\_
7. Is there any other insurance on any animal listed?  Yes  No If Yes, provide the carrier name: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ Amount of coverage: \_\_\_\_\_
8. Name, address and telephone number of usual licensed Veterinarian:  
\_\_\_\_\_
9. Will the animal(s) be observed and cared for daily?  Yes  No If No, explain:  
\_\_\_\_\_
10. Does the applicant own any other animals of this type? .....  Yes  No
11. Has any animal listed been sick, diseased or injured during the past year? .....  Yes  No
12. Has any animal listed ever had colic/bloat or indigestion? .....  Yes  No
13. Has any animal listed experienced birthing difficulties? .....  Yes  No
14. Other than for routine care, is any animal listed receiving regular treatment or medication? .....  Yes  No
15. Has any animal listed been vaccinated for the West Nile Virus? .....  Yes  No  
If Yes, provide date of first vaccine and date of booster below.
16. Does any animal listed have an ancestor know to carry HYPP? .....  Yes  No  
If Yes, please answer questions 17, 18, and 19.
17. Has any animal listed been HYPP tested? .....  Yes  No  
If Yes, please check test results.  N/N  N/H  H/H
18. Has any animal listed experienced any HYPP signs or symptoms? .....  Yes  No
19. Check the HYPP test results of Sire and Dam  
Sire:  N/N  N/H  H/H  Unknown  
Dam:  N/N  N/H  H/H  Unknown
20. Is any animal listed leased to others? If Yes, attach copy or lease.....  Yes  No
21. Is any animal listed to be used for steeple chasing, or in hunting or jumping events? .....  Yes  No  
If Yes, indicate maximum height of jump. \_\_\_\_\_
22. Is any animal listed to be raced? .....  Yes  No
23. Is any animal listed not stabled at your mailing address shown? .....  Yes  No  
If Yes, to any of the questions 9 through 21, please identify animal(s) and provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><b>COPY OF THE NOTICE OF INFORMANTION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.</b> (Not applicable in all states, consult your agent or broker for your state's requirements.)</p> <p>NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. 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 YOU AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p>
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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, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied. See below for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in 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 crime.

# STATEMENT OF HEALTH-HORSES ONLY

Producer's Name: <u>Knigh Insurance Agency</u> Agency Code: _____ Mail Address: <u>350 Hwy 290 E. Ste #3</u> City, ST ZIP: <u>Hempstead, Texas 77445</u> Phone: <u>(979) 826-3026</u> Fax: <u>(979) 826-3261</u> E-mail Address: <u>kristy@knighetequine.com</u>	Applicant's Name: _____ Mail Address: _____ City, ST, Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____
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**This Statement forms part of the Animal Mortality Application.  
 Valid only on horses ages 1 to 16 years with a value of \$50,000 or less.  
 (To be completed by the applicant.)**

Horse (1) Name _____	Horse (2) Name _____	Horse (3) Name _____
Use of Horse (1) _____	Use of Horse (2) _____	Use of Horse (3) _____
How long have you know Horse (1) _____	How long have you know Horse (2) _____	How long have you know Horse (3) _____

(If you have known horse(s) less than 30 days, this form is not applicable and a Veterinarian's Statement is required.)

	Horse (1)	Horse (2)	Horse (3)
1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended.....	__Yes __No	__Yes __No	__Yes __No
2. Have you observed the horse in all gaits involved in its intended use? .....	__Yes __No	__Yes __No	__Yes __No
3. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders e.g. EPM, navicular disease and/or degenerative joint disease?.....	__Yes __No	__Yes __No	__Yes __No
4. Has the horse had any colic, impaction, colic surgery or intestinal disorder within the last 36 months?.....	__Yes __No	__Yes __No	__Yes __No
5. Has the horse listed been vaccinated for the West Nile Virus? .....	__Yes __No	__Yes __No	__Yes __No
If Yes, provide date of first vaccination and date of booster below.	_____	_____	_____
6. Has the horse been HYPP tested? .....	__Yes __No	__Yes __No	__Yes __No
If Yes, please check result: Horse (1) __N/N __N/H __H/H Horse (2) __N/H __N/H __H/H Horse (3) __N/N __N/H __H/H			
7. Has the horse been nerved or received any surgical treatment for lameness? .....	__Yes __No	__Yes __No	__Yes __No
8. Has the horse been examined or treated by a veterinarian for other than routine care within the last year?.....	__Yes __No	__Yes __No	__Yes __No
9. Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 36 months? .....	__Yes __No	__Yes __No	__Yes __No
10. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months?.....	__Yes __No	__Yes __No	__Yes __No
11. Is the horse due to foal any time during the proposed policy period? .....	__Yes __No	__Yes __No	__Yes __No
If Yes, give estimated foaling date along with the number of previous foals.	_____	_____	_____
12. Was a pre-purchased exam done? .....	__Yes __No	__Yes __No	__Yes __No
If Yes, a copy of results may be requested by Company.			
13. If Yes is marked as the answer for any horse in questions 3 through 12, please provide details below.....	_____		
_____			
_____			

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

Applicant's Signature	Date: <i>(must be no more than 30 days prior to policy effective date)</i>
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