THE HARTFORD LIVESTOCK DEPARTMENT www.hartfordlivestock.com

Producer's Name

ANIMAL MORTALITY APPLICATION for HORSES



(Minimum Earned Policy Premium \$250.00)

Applicant's Name

Agency Code 87 -			Mail Address							
Mail Address City, ST Zip			City, ST Zip Phone							
Phone			Fax							
Fax			E-Mail Addres	s						
E-mail Address			Policy Term D	Desired (maximum	n term 12 mon	ths):				
☐ Individual ☐ Partnership ☐ Corp	oration	nt Ventu	ure 🗌 Limit	ed Liability Corp.	Other _					
Proposed Effective Date:				[r _(Policy Number)	nstallment Payr (Available	nent Plans on Premium			□N	lo
A. Animal Name	Date of Birth	Date o	of Purchase	Purchase Price	or stud fee if raised)	Requeste	d Lim	it of I	nsura	nce
Identification (Sire/Dam, Registration#, Tattoo#, Micro	ochip#, or Pictures if unr	egistered)	Sex (Stallion,	Mare, Colt, Filly, Gelding)	Breed			Use	<u>e</u>	
Primary Stable Location:										
B. Animal Name	Date of Birth	Date o	of Purchase	Purchase Price	or stud fee if raised)	Requeste	d Lim	it of I	nsura	nce
Identification (Sire/Dam, Registration#, Tattoo#, Micr	ntification (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered) Sex (Stallion, Mare, Colt, Filly, Gelding) Breed					<u>Use</u>				
Primary Stable Location:										
All L For a Requested Limit of Insurance				to company a		uhetantia	tion (of Va	مبا	
For a Nequested Limit of insurant		-	overage Rec	•	and allacin a 3	ubstantia	LIOII	JI Va	iue.	
АВ	A B	<u> </u>	Overage Neg		A B					
☐ ☐ Mortality - Full ☐ ☐ Mortality - Limited			\$7,500 \$10,000		☐ ☐ Loss of l☐ ☐ Loss of l		А			
Renewal Protection	☐ ☐ Major I	Medical	\$15,000		☐ Surgical	\$5,000 L	mit			
☐ ☐ Major Medical \$5,000, Basic ☐ ☐ Major Medical \$7,500, Basic			\$10,000 high ness and Dis		⊒	te Deducti	ble			
		,					Hors	se A	Hors	e B
Was a pre-purchase exam complete	d? If Yes, a copy	of the ex	camination resu	ılts may be request	ed by the Comp	anv.	<u>Y</u>	N	<u>Y</u> □	<u>N</u>
2. Has the horse been examined or treather than routine care within the last year. A second of the content of	ated by a veterina					•				
3. Is the horse currently free of lamenes		hout the	use of drugs?							
4. Has the horse undergone diagnostic			,							
Does the horse have any past conformal disability including, but not limited to: degenerative joint disease?	rmational problem laminitis/founder	s or defe , OCD, r	ects, illness or on the control of t	disease, lameness, orders (e.g. EPM)	or injury or phys navicular diseas	sical e, and/or				
6. Has the horse been nerved or receiv	ed any treatment	for lame	ness?							
7. Has the horse received any joint injertlast 36 months?	ctions, any type of	f medica	tion long or sho			ents in the				
8. Has the horse had any colic, colic su	rgery impaction			ort term, or any prev	ventative treatm					
Is the horse due to foal any time duri 9. If Yes, please give: Estimated Foaling Date:	igery, impaction,	or intesti								
	ng the requested	Policy Pe	nal disorder wi	hin the last 36 mor	nths?					
10. Has the horse ever experienced birth	ng the requested _; Number of Pr	Policy Perevious F	nal disorder wi eriod? Foals:;	hin the last 36 mor	nths?					
10. Has the horse ever experienced birth11. Does the horse have an ancestor known	ng the requested : Number of Pi ning difficulties? (I own to carry HYPI	Policy Perevious Foundation Mares or P? If No	nal disorder wi eriod? Foals:; nly)	Stud fee:on to question 12.	nths?					
10. Has the horse ever experienced birth11. Does the horse have an ancestor knowna. Has the horse been HYPP test	ng the requested .: Number of Prining difficulties? (Iown to carry HYPlated? If Yes, pleas	Policy Perevious For Mares or P? If No e check	nal disorder wi eriod? Foals:; nly) , please move the test results	Stud fee:on to question 12.	nths?					
10. Has the horse ever experienced birth11. Does the horse have an ancestor knowna. Has the horse been HYPP test	ng the requested : Number of Prining difficulties? (If yes, pleas IA B N/	Policy Perevious For Mares or P? If No e check	nal disorder wireriod? Foals:; nly) n, please move the test results B F	Stud fee:on to question 12.	nths?					
 Has the horse ever experienced birth Does the horse have an ancestor known Has the horse been HYPP test N/N 	ng the requested .; Number of Property of	Policy Perevious For Mares or P? If No e check	nal disorder wireriod? Foals:; hly) n, please move the test results B nd Dam. B H	Stud fee:on to question 12.	nths?					

12.	Will the horses be observed and cared for daily? ☐Yes ☐No If No, explain:
12	Who was each horse convived from?
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.	If the Purchase Price was not paid entirely in cash, please describe the transaction in detail.
17.	Are the horses leased to others? Yes No If Yes, please attach a copy of the lease(s).
18.	Is there any other insurance on the horses? Yes No If Yes, provide the carrier name:
	Expiration date: Amount of coverage:
19.	Has any insurance carrier ever canceled, non-renewed or refused to insure any horse in which you have or had an insurable interest? Yes No If Yes, provide details: (Not applicable in MO)
20.	Have you lost any horse in the last 5 years (whether or not insured) or have any medical/surgical or colic claims been filed on the above listed horse?
	If Yes, give date, cause, value and explain:
21.	Name, address, and telephone number of the horse's primary licensed Veterinarian:
22.	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? Yes No
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 is 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)

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

PRODUCERS NAME(Please Print)

PRODUCERS SIGNATURE

STATE PRODUCER LICENSE NO. (Required in Florida)