



Ranch & Equine Insurance Nationwide

"Here to Guide you to the best rates & coverages possible"

9730 East Waterloo Road., Arcadia, Oklahoma 73007
800-776-8801 • 405-396-8545 • FAX 405-396-8529

INDICATE COVERAGES DESIRED

- Full Mortality/Theft
- Major Medical/Surgical
- Loss of Use (X-Rays Required)
- External Loss of Use Only (no X-Rays required)
- Stallion Infertility
- Limited Mortality

PAYMENT PLANS AVAILABLE

APPLICATION FOR HORSE MORTALITY INSURANCE

Name of Owner _____ Date of Birth _____ Social Security # _____
 Address _____ City _____ State _____ Zip _____
 Phone: Home _____ Work _____ Fax _____ Mobile _____
 Are you a current customer? Yes No Do you want this insurance added to your existing policy? If so, give the policy no. _____
 Horses Name _____ * Sex _____ Sire _____ Dam _____

A.			
B.			

*Use the following codes to indicate sex of animal — M - Mare/Filly; S - Stallion/Colt; G - Gelding

Date of Birth	Purchase Date	Purchase Price	Breed	Color & Marking	*Exact Use & Function	How Acquired Auction/Private/Homebred	** Amount of Insurance Desired
A.							
B.							

*Exact use must be indicated, i.e.; Hunter or jumper (max. hgt). halter, reining, cutting, western pls, english pls, H.U.S., barrel racing, track racing, etc.

**If you are insuring your horse for more than the purchase price the value must be justified in writing by performance record, training expenses, money won, points earned, stud fees paid or earned since your time of purchase. Please give details. Attach separate page(s) if needed.

- Are you the animal(s) sole Owner(s)? Yes No If No, please give details: _____
Name/Address Loss Payee/Lessor/Partnership _____
- Has there been any illness, injury or death to horses owned by you in the past 36 months? Yes No If yes, give details: _____
- Has any insurance company ever cancelled or refused insurance of any animal(s) in which you have or had an insurable interest?
 Yes No If yes, give details: _____
- Was this animal previously or is it presently insured by you or any of its owners applying for insurance? Yes No If yes, company name, expiration date and insured amount: _____
- Method of worming used? _____ How often? _____
- Tell us about your feeding program; Summer _____ Winter _____
- Is the horse(s) observed and cared for daily? Yes No Name of person having care, custody and control of the horse if other than named insured _____ Address and phone # _____
- Name, address and phone no. of your usual veterinarian: _____
- Regardless of your type of coverage, do you understand that it is necessary to give immediate notice to the company of any injury, illness, surgery, disease or death? Do you agree to do so? Yes No If this is not complied with your claim may be denied.**

We do not provide coverage for any Insured who has made fraudulent statements or engaged in fraudulent conduct in connection with any loss or damage for which coverage is sought under this policy.

AR Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison:

FL 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.

KY Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

ME 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, or denial of insurance benefits.

NY 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH Any person who, with intent to defraud or knowing that he 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.

VA 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.

NOTICE OF INSURANCE INFORMATION PRACTICE

Personal information about you may be collected from persons other than you. 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. You have the right to review your personal information in our file 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 instruction on how to submit a request to us.

-We certify that the information shown on this application is true and correct. Any misstatement or misrepresentation can cause coverage to be cancelled or claim denied.

APPLICANT SIGNATURE _____ DATE _____

Insurance Agent Signature _____ Date _____

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DECLARATION OF HEALTH

800-776-8801

(To be completed by applicant)

FAX 405-396-8529

Horses valued **over** \$25,000 must have completed veterinarian exam.

At inception of the policy, all animals must be sound, healthy and have no known injury, illness, lameness or disease. Any pre-existing conditions are not covered, unless otherwise noted and agreed to by the company.

Owner's Name (Please Print): _____

Horse A: _____ **Horse B:** _____
Name Name

	Horse A		Horse B	
	Yes	No	Yes	No
1. To the best of your knowledge, is the horse, at present, normal in eyes, wind and action and does it, in your opinion, represent a normal risk for Mortality insurance? If no, give details _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has horse suffered from colic or any other gastro-intestinal related illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has there been any evidence of contagious or infectious disease in the location where horse is kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has horse been castrated, fired, blistered, nerved, operated on, or received treatment for lameness at any time? Included but not limited to OCO, DJD, Navicular, or Neurological Disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does horse have faulty conformation that could affect its ability to be used for the purpose described on this application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does horse receive any medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Appaloosas, Paints & Quarter Horses only: Has HYPP test been done? Results _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Coggins Test required to provide swamp fever coverage. Date of last Coggins _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative				

If you answered "yes" to questions #2-6, please indicate question number, horse's name and if it has fully recovered.

Policy will not be issued until the Company approves the applicant's **COMPLETED** application and premium payment is received. Money alone does not bind coverage. In the event the Company does not approved your application, your premium may be adjusted or will be refunded.

I hereby certify that to the best of my knowledge and belief, the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

I understand that no balance shall be carried by this office for more than ninety (90) days, policy will be cancelled at that time. All accounts over forty-five (45) days are subject to a 1.5% finance charge (18% APR) and that any late payments are subject to a \$10 LATE PAYMENT FEE. I understand that my past due account will be turned over to a collection attorney. All collection charges (35%) of principal balance, court costs, and fees shall be paid by the client and Ranch & Equine Insurance Nationwide will not be held liable for any damage to my credit rating.

INSURED SIGNATURE _____ **DATE** _____

PAYMENT METHOD: Check for total premium enclosed Check for 1/2 total premium enclosed Check for down payment enclosed
 Visa Mastercard

Card No.: _____ Exp. Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Check below if you would like additional information on any of the following coverages we offer:

- | | | |
|---------------------------------------|-----------------------------------------|------------------------------------------|
| _____ Farm/Ranchowners | _____ Single Day Event Liability | _____ Stable/Commercial Equine Liability |
| _____ Major Medical | _____ Care, Custody & Control Liability | _____ Stallion Infertility Coverage |
| _____ Personal Horse Owners Liability | _____ Loss of Use Coverage | _____ Horse Club Liability |
| _____ Limited Mortality | | |