



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.

I-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 _____