

# ANIMAL MORTALITY

**1. General Information**

**Proposed Effective Date:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

If not sole owner, list others, percentage of ownership, and whether their part is to be insured (attach additional sheets if necessary):

	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

**2. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Completed Claims and Loss History form attached (REQUIRED)?

Yes  No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**3. Underwriting Information**

1. What kind of animal is to be insured?  Horse  Farm Livestock  Dog  Cat  Bird

Other: \_\_\_\_\_

2. Sex of the animal:  Male  Female  Castrated Male  Sterilized Female

3. Registered Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

4. Marks or brands and on what part of the body: \_\_\_\_\_

5. Age (exact age of animal): \_\_\_\_\_

6. Cash price paid: \_\_\_\_\_

7. Date of purchase: \_\_\_\_\_

8. Animal(s) is/are housed in:  House  Stable  Enclosure  Open Range

Other (please explain): \_\_\_\_\_

9. For what purpose/s is/are the animal(s) kept: \_\_\_\_\_

10. With whom are animal(s) kept?

	<input type="checkbox"/> Owner <input type="checkbox"/> Handler <input type="checkbox"/> Trainer
	<input type="checkbox"/> Owner <input type="checkbox"/> Handler <input type="checkbox"/> Trainer

11. Detailed description of activities/travel (specifically, and by location): \_\_\_\_\_

12. Are there any leases or mortgages on any of the animals?  Yes  No

If yes, give details. \_\_\_\_\_

13. Are animal(s) healthy?  Yes  No

Give full information regarding defects or ailments, illness or disease, during the last twelve (12) months:

\_\_\_\_\_  
\_\_\_\_\_

14. Name and address of usual veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

15. Has the animal ever been fired or blistered?  Yes  No

If yes, please explain: \_\_\_\_\_

16. Is there a contagious or infectious disease on the premises now?  Yes  No

a. During the last twelve (12) months?  Yes  No

17. Is there, to your knowledge, an infectious disease in the neighborhood now?  Yes  No

18. How long have the animals been in your possession or care: \_\_\_\_\_

19. Have any of the animals recently been imported into the district?  Yes  No  
 If yes, when and from where: \_\_\_\_\_  
 \_\_\_\_\_
20. How many animals of like category have you lost during the last two years, irrespective of class, type or breed: \_\_\_\_\_
21. State cause and date of death in each case (attach other sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_
22. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**4. Special Questions**

1. Is any animal to be sold, or let on mortgage, commission, lien, or hire?  Yes  No  
 If yes, give details: \_\_\_\_\_
- a. Dates of beginning and ending of service season: \_\_\_\_\_  
 \_\_\_\_\_
- b. Present service fee: \_\_\_\_\_
- c. Service fee last season: \_\_\_\_\_
- d. Amount actually earned last season: \_\_\_\_\_
- e. Amount actually earned in current season to date: \_\_\_\_\_
- f. Bookings for remainder of current season: \_\_\_\_\_
- g. Bookings for next season: \_\_\_\_\_
2. Have the animals been tested at any time for Tuberculosis?  Yes  No  
 If so, where and when and with what result: \_\_\_\_\_

**5. Pregnant Animals**

Answer the following questions if any of the animals to be insured are pregnant.

1. Date that the animal is due: \_\_\_\_\_
2. Fee paid for covering: \_\_\_\_\_
3. Year of last live birth: \_\_\_\_\_
4. Have any of the animal's young been lost at birth?  Yes  No  
 If so, explain: \_\_\_\_\_  
 \_\_\_\_\_
5. Have you any other pregnant animal of like category?  Yes  No  
 If so, explain: \_\_\_\_\_  
 \_\_\_\_\_

**6. Racing and Shows Record for the Previous 12 Months**

**Racing**

NAME	# OF RACES	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	MONEY WON
					\$
					\$

					\$
					\$

**Shows**

NAME	# OF SHOWS	LOCATION	WINS	MONEY WON
				\$
				\$
				\$
				\$

**7. Veterinary Care**

- Name of your veterinary surgeon: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_
- How many miles away is the veterinarian? \_\_\_\_\_ miles
- Have your Veterinarian complete the Veterinary Certificate attached to this application for each animal to be insured.

**8. Working Dogs**

	Dog 1:	Dog 2:	Dog 3:
Were dogs imported?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where were dogs trained?			
Are dogs in a retraining program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dogs are Certified on: (P)atrol (D)rugs (T)racking (A)rson (B)ombs (C)adaver (S)eeing Eye	P D T A B C S	P D T A B C S	P D T A B C S
Is this the handler's first dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are dogs transported in crash-proof crates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**VETERINARY CERTIFICATE**

**INSTRUCTIONS TO VETERINARIAN**

It is required in every case that each animal shall be examined outside the stall and that it should be made to move about to demonstrate soundness of limbs and freedom of action. Animals having vicious habits, that have suffered recurrent attacks of colic or bleeding, that are tuberculosis or that have been UN-nerved, are not insurable. Careful observation and inquiry should be made as to housing conditions and the presence of contagious or infectious disease.

Veterinarian's Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

- 1. Is any female animal pregnant?  Yes  No  
If so, state which animal, expectant date, and any symptoms detrimental to satisfactory breeding: \_\_\_\_\_

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- 2. Has any female animal a history of abortion?  Yes  No
- 3. Are pulse and respiration of each animal normal?  Yes  No
- 4. Any eye problems?  Yes  No
- 5. Does any animal manifest any indication of lameness or faulty conformation of its legs or feet?  Yes  No
- 6. Is any animal subject to attacks of colic or bleeding?  Yes  No
- 7. Has any operation been performed on any animal?  Yes  No  
If so, give details and state date and whether fully recovered and whether any likelihood of future danger to life as a result of such operation: \_\_\_\_\_

8. Is there to your knowledge any contagious or infectious disease in the neighborhood?  Yes  No

9. Dollar value of animal: \$ \_\_\_\_\_

10. Regarding horses:
- a. Has the heart rate been measured after exercise, and found normal?  Yes  No  
If no, explain: \_\_\_\_\_
  - b. Has any animal been fired or blistered?  Yes  No  
If so, give details and state date and whether fully recovered. \_\_\_\_\_

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  - c. Has neurectomy (UN-nerving) been performed on any animal?  Yes  No

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I have this day examined the:

Breed	Color	Sex	Age	Name	Size	Markings
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I found the housing to be \_\_\_\_\_ and I discovered \_\_\_\_\_ contagious or infectious disease(s) present; and, except as noted above, I hereby certify that each animal is in sound and healthy condition.

Owned by: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_