



**APPLICATION FOR ANIMAL MORTALITY INSURANCE**

*This is not a binder. No application will be considered if not fully completed and signed by the Insured.*

**Applications can be submitted to [submissions.idealam@wichert.com](mailto:submissions.idealam@wichert.com) or sent via facsimile to 330-929-7762**

Desired Coverage Date \_\_\_\_\_

Owner's Name (as it should appear on the policy) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

<b>Coverage Requested:</b>			
<input type="checkbox"/> All Risks Mortality	<input type="checkbox"/> Specified Perils	<input type="checkbox"/> Special Accident	<input type="checkbox"/> Guaranteed Renewal
<input type="checkbox"/> Frustration of Import/Export	<input type="checkbox"/> Prospective Offspring (Cattle Only)	<input type="checkbox"/> ASD Infertility (Cattle Only)	
<input type="checkbox"/> Short Term Coverage _____	<input type="checkbox"/> Transit from _____ to _____	<input type="checkbox"/> Other _____	

Name and Registration/Tattoo # (Sire and Dam if unnamed)	Age	Sex	Breed	Use	Purchase Date	Purchase Price	Insured Amount**	Rate

**\*\*Amounts other than purchase price are subject to Company acceptance. Please provide explanation of value.**

**\*\*If animal(s) is ever leased to others please provide a copy of the lease agreement with this application.**

- Are you the sole owner of the animal(s)? \_\_\_\_\_ If not, list owners and addresses or lien holders/banks and address \_\_\_\_\_
- Usual location of animal(s), give address and phone number \_\_\_\_\_
- Name, address and telephone number of your usual veterinarian \_\_\_\_\_
- Name and address of Loss Payee if applicable \_\_\_\_\_
- Is animal(s) on vaccination and worming program approved by a veterinarian? \_\_\_\_\_ Frequency? \_\_\_\_\_
- Is there any contagious or infectious disease on the premises, or has there been during the past 12 months? \_\_\_\_\_
- Are animal(s) presently insured? \_\_\_\_\_ Previously insured? \_\_\_\_\_ If yes to either questions, give name of company, date and amount \_\_\_\_\_
- Has any company cancelled or refused to renew your coverage? \_\_\_\_\_ If yes, give reason \_\_\_\_\_
- Has any animal(s) owned by you died within the past 24 months (whether or not insured)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state number of deaths and causes of death \_\_\_\_\_

**DECLARATION OF HEALTH:**

**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.**

1. (a) Does the animal(s) have any history of injury, illness, lameness or disease? \_\_\_\_\_ If yes, give details, including date \_\_\_\_\_  
\_\_\_\_\_  
(b) Does the animal(s) have any structural issues that could affect its ability to be used for the intended purpose? \_\_\_\_\_  
If yes, give details \_\_\_\_\_
2. (a) Has the animal(s) had any veterinary treatment other than routine care or preventative vaccinations or is it unsound in any way? \_\_\_\_\_  
\_\_\_\_\_  
(b) Does the animal(s) receive any medications/supplements? If yes, explain \_\_\_\_\_  
\_\_\_\_\_
3. Has any animal(s) suffered from bloat or any other gastro-intestinal related illness in the past 12 months? \_\_\_\_\_ If yes, give details, including dates \_\_\_\_\_
4. Has any horse(s) been examined or treated by a veterinarian for other than routine care? If yes, explain and give dates. \_\_\_\_\_  
\_\_\_\_\_
5. Has any animal(s) undergone surgery (other than castration)? \_\_\_\_\_ If the answer is yes, give details, including dates and results \_\_\_\_\_  
\_\_\_\_\_
6. If the animal is a breeding female, has she ever experienced birthing difficulties? \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
7. If the animal is pregnant, please provide the breeding date \_\_\_\_\_ and due date \_\_\_\_\_  
\_\_\_\_\_
8. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the Company's acceptance of the proposed risk?  
\_\_\_\_\_  
\_\_\_\_\_

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Substantiation of value on any animal insured for more than the purchase price: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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 hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.
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I declare to the best of my knowledge and belief that the horse(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application for insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease or death of any insured horse. Not doing so may jeopardize coverage and result in denial of any claim made.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

### **Fraud Prevention – General Warning**

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

### **STATE SPECIFIC PROVISIONS**

<b>Arkansas</b>	Any person who knowingly presents a false or fraudulent claim for payment of 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.
<b>Colorado</b>	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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	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.
<b>Hawaii</b>	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.
<b>Kansas</b>	Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to 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, or a claim for payment or other benefit pursuant to an insurance policy which such person knows to contain materially false information concerning any fact material thereto; or conceals for the purpose of misleading, information concerning any fact material thereto is guilty of a crime and may be subject to fines and confinement in prison.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of 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.
<b>Maine</b>	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.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>New York</b>	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.

<b>Ohio</b>	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.
<b>Oklahoma</b>	<b>WARNING:</b> 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.
<b>Oregon</b>	<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.</p> <p>In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:</p> <p>A. The misinformation is material to the content of the policy;</p> <p>B. We relied upon the misinformation; and</p> <p>C. The information was either:</p> <ol style="list-style-type: none"> <li>1. Material to the risk assumed by us; or</li> <li>2. Provided fraudulently.</li> </ol> <p>For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.</p> <p>With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.</p> <p>Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.</p>
<b>Pennsylvania</b>	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 subjects such person to criminal and civil penalties.
<b>Puerto Rico</b>	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of 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.
<b>Tennessee</b>	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.
<b>Virginia</b>	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.
<b>Washington</b>	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.
<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of 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.