



NATIONAL LIVESTOCK INSURANCE AGENCY

BEN LATHAM, AGENT - Email pam@longhornre.com, kim@longhornre.com, www.nlinsurance.com
PO Box 2821, Amarillo, Texas 79105 - Office: (806) 372-3801 - Fax: (806) 372-3826 - Toll Free 800-692-4031



ANIMAL MORTALITY APPLICATION for HORSES

Producer's Name	Applicant's Name
Agency Code 87 - 421750	Mail Address
Mail Address	City, ST Zip
City, ST Zip	Phone
Phone	Fax
Fax	E-Mail Address
E-mail Address	

Individual Partnership Corporation Joint Venture Limited Liability Corp. Other

Proposed Effective Date: _____ Policy Term Desired (maximum term 12 months): _____

Type of Coverage Requested:

Mortality - Full Renewal Protection Major Medical \$5,000 Major Medical \$10,000 Loss of Use **(Minimum Policy Premium \$250.00)**
 Mortality - Limited Aggregate Ded. Major Medical \$7,500 Accident, Sickness and Disease Surgical
(Coverage begins on the date of acceptance by the Company)

1.	Animal Name	Breed	Date of Birth	Purchase Price (or stud fee if raised)
Positive Identification Minimum of one selection required		Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other	Date Acquired	Insurance Desired
<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered <small>*(color photos of front and sides of animal are required)</small>			Exact Use *If Show list all events	** For amounts other than purchase price, complete and attach Substantiation of Value. Amounts other than purchase price are subject to Company approval.
				Acquired From

2.	Animal Name	Breed	Date of Birth	Purchase Price (or stud fee if raised)
Positive Identification Minimum of one selection required		Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other	Date Acquired	Insurance Desired
<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered <small>*(color photos of front and sides of animal are required)</small>			Exact Use *If Show list all events	** For amounts other than purchase price, complete and attach Substantiation of Value. Amounts other than purchase price are subject to Company approval.
				Acquired From

3.	Animal Name	Breed	Date of Birth	Purchase Price (or stud fee if raised)
Positive Identification Minimum of one selection required		Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other	Date Acquired	Insurance Desired
<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered <small>*(color photos of front and sides of animal are required)</small>			Exact Use *If Show list all events	** For amounts other than purchase price, complete and attach Substantiation of Value. Amounts other than purchase price are subject to Company approval.
				Acquired From

1. Is applicant the sole owner of the animal(s) listed? Yes No If No, provide other owner(s) % of interest, Name and address: _____
2. For any animal listed, if the Purchase Price was not paid entirely in cash, please describe the transaction in detail. _____
3. Loss Payee(s): _____
(Name and Address) _____
4. Has any same type of animal owned by the applicant died in the past 5 years, whether covered by insurance or not? Yes No
If Yes, provide details: _____
5. Has any insurance carrier ever canceled or refused to insure any animal in which the applicant has or had an insurable interest? Yes No If Yes, provide details: (Not applicable in MO) _____
6. Name of current insurance carrier: _____ Expiration Date: _____
List optional coverage(s) provided: _____
7. Is there any other insurance on any animal listed? Yes No If Yes, provide the carrier name: _____
Expiration date: _____ Amount of coverage: _____
8. Name, address and telephone number of usual licensed Veterinarian: _____
9. Will the animal(s) be observed and cared for daily? Yes No If No, explain: _____
10. Does the applicant own any other animals of this type? Yes No
11. Has any animal listed been sick, diseased or injured during the past year? Yes No
12. Has any animal listed ever had colic/bloat or indigestion? Yes No
13. Has any animal listed experienced birthing difficulties? Yes No
14. Other than for routine care, is any animal listed receiving regular treatment or medication? Yes No
15. Has any animal listed been vaccinated for the West Nile Virus? Yes No
If Yes, provide date of first vaccine and date of booster below.
16. Does any animal listed have an ancestor known to carry HYPP? Yes No
If Yes, please answer questions 17, 18, and 19.
17. Has any animal listed been HYPP tested? Yes No
If Yes, please check test results. N/N N/H H/H
18. Has any animal listed experienced any HYPP signs or symptoms? Yes No
19. Check the HYPP test results of Sire and Dam
Sire: N/N N/H H/H Unknown
Dam: N/N N/H H/H Unknown
20. Is any animal listed leased to others? If Yes, attach copy of lease. Yes No
21. Is any animal listed to be used for steeple chasing, or in hunting or jumping events? Yes No
If Yes, indicate maximum height of jumps. _____
22. Is any animal listed to be raced? Yes No
23. Is any animal listed not stabled at your mailing address shown? Yes No
If Yes, to any of the questions 10 through 23, please identify animal(s) and provide details:

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, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

(Not applicable in CO, HI, NE, OH, OK, OR, or, VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied. See below for additional Fraud Warnings)

APPLICANTS SIGNATURE

DATE

PRODUCERS SIGNATURE

DATE

Applicable in Colorado

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Hawaii

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.

Applicable in Ohio

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

Applicable in Oklahoma

Warning: 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.

Applicable in Nebraska, Oregon and Vermont

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a crime.



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Producer's Name	Applicant's Name
Agency Code 87- 421750	Mail Address
Mail Address	City, ST Zip
City, ST Zip	Phone () -
Phone	Fax () -
Fax	E-Mail Address
E-mail Address	

VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE

I, _____ hereby certify that I have this _____ day of _____ examined the following animal(s) at rest and in motion:
(Please Print Name)

(1) Name _____ (2) Name _____ (3) Name _____

- How long have you been the veterinarian for the above animal(s)? _____
- Do both eyes of the animal(s) appear clinically normal? Yes No
 - Were the eyes examined with an ophthalmoscope? Yes No
 - Do the lungs and heart sounds fall within normal ranges? Yes No
 - Do normal intestinal sounds emanate from all quadrants of the abdominal cavity? Yes No
 - Have you examined the animal(s) without the aid of chemical restraint? Yes No
 - Have you observed the animal(s) in gaits/movements expected for its breed and use? Yes No
 - Does the animal(s) appear relaxed and free of pain in all gaits/movements observed? Yes No
 - Do radiographs appear clinically normal? ** Yes No
 - Date radiographs were taken: _____ Views Taken: _____

** Radiographs required when the Loss of Use coverage is being requested. (two views of each front foot and hocks are required)

If "No" to any of the above, please identify the animal and give pertinent clinical details. _____

- Does the animal(s) show any evidence or history of nerving? Yes No
 - Does there now exist, or has there recently been any infectious disease in your area? Yes No
 - Other than for routine care, is the animal(s) receiving regular treatment or medication? Yes No
 - Does the animal(s) examined show any symptom of previous sickness, disease or injury? Yes No
 - Has the animal(s) listed ever had colic/bloat or indigestion? Yes No
 - Does the animal(s) exhibit any respiratory or circulatory distress? Yes No
 - Is the animal(s) listed subject to chronic metritis and/or mastitis? Yes No
 - Is the animal(s) listed pregnant? If Yes, give the expected date of birth below. Yes No
 - If the animal(s) is a breeding animal, to your knowledge is there any history of gestation, lactation, or parturition problems? Yes No
 - Has the animal(s) been vaccinated for West Nile Virus? If Yes, please provide date of first vaccine and date of booster below Yes No
 - Has the animal(s) been HYPP tested? If Yes, provide results below Yes No
 - Has the animal(s) experienced any HYPP signs or symptoms? Yes No

If Yes, to any of the above, please identify the animal(s) and give details. _____

4. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal(s) listed during the last year _____

Veterinarian's Signature _____ Date _____ Telephone Number _____

Veterinarian's Address: _____



STATEMENT OF HEALTH - HORSES ONLY



Producer's Name	_____	Applicant's Name	_____
Agency Code	87 - 421750	Mail Address	_____
Mail Address	_____	City, ST Zip	_____
City, ST Zip	_____	Phone	_____
Phone	_____	Fax	_____
Fax	_____	E-Mail Address	_____
E-mail Address	_____		

**This Statement forms part of the Animal Mortality Application for Horses.
Valid only on Horses aged 6 months to 16 years and valued at \$50,000 or less.
(To be completed by the applicant.)**

Horse (1) Name _____	Horse (2) Name _____	Horse (3) Name _____
Use of Horse (1) _____	Use of Horse (2) _____	Use of Horse (3) _____
How long have you known Horse(1)? _____	How long have you known Horse(2)? _____	How long have you known Horse(3)? _____

(If you have known horse(s) less than 30 days, this form is not applicable and a Veterinarian's Statement is required.)

	Horse (1)	Horse (2)	Horse (3)
1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you observed the horse in all gaits involved in its intended use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders e.g. EPM, navicular disease and/or degenerative joint disease?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the horse had any colic, impaction, colic surgery or intestinal disorder within the last 36 months?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the horse listed been vaccinated for the West Nile Virus?..... If Yes, provide date of first vaccination and date of booster below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the horse been HYPP tested?..... If Yes, please check result: Horse(1) <input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H Horse(2) <input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H Horse(3) <input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the horse been nerved or received any surgical treatment for lameness?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the horse been examined or treated by a veterinarian for other than routine care within the last year?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 36 months?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the horse due to foal any time during the proposed policy period?..... If Yes, give estimated foaling date along with the number of previous foals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Was a pre-purchased exam done?..... If Yes, a copy of results may be requested by Company.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If Yes is marked as the answer for any horse in questions 3 through 12, please provide details below.....	_____		

I declare the above statements are true and complete, and that no material information was withheld.

Applicant's Signature _____	Date: (Must be no more than 30 days prior to policy effective date) _____
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