



Western Ag Insurance Agency
 28170 N Alma Schl Pkwy #207
 Scottsdale, AZ 85262
 480-682-4859
 1-877-852-5384

Desired Eff. Date: _____

Optional Coverage - Attach Supp. App.

- Full Mortality/Theft Restricted Perils
- Accident Only Agreed Value
- Major Medical Surgical
- \$7,500 \$10,000 \$15,000
- Stallion Infertility 12 month extension
- Emerg. Colic Surg. Transit Worldwide
- \$5,000 \$7,500

APPLICATION FOR HORSE MORTALITY INSURANCE
This is NOT a binder

(TO BE COMPLETED BY THE INSURED)

NAME OF OWNER _____ ADDRESS _____ Street _____ City _____ State _____ Zip Code _____ County _____
 HOME PHONE _____ BUSINESS PHONE _____ SOCIAL SECURITY #: _____
 New Policy? Add to existing policy? If so, Certificate No. _____ BIRTH DATE: _____
 Add'l Insd./Loss Payee/Lessor/Lessee? _____ Percent Interest? _____

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

Horse # 1 Name & Registration #	Sex	Breed	Date of Birth	Ownership Int. %	Exact Use & Function	Amount of Insurance Desired
Sire	Dam		Purchase Price or Other Consideration	Purchase Date	Purchased From	Rate

For additional animals, please fill out attached spreadsheet.

1. State nature of any illness, lameness, disease, disability or injury to above animal in the last 36 months. _____
2. Have any horses owned by you died in the last 36 months? _____ Date: _____ Cause: _____
3. Is this animal presently or has it previously been insured? _____ If yes, give expiration date, exact insured amount and company's name: _____
4. Method of worming used? _____ How often? _____
5. Describe your feeding & supplement program during specific seasons of the year as well as during the show/competition or breeding seasons.
 Summer feed: _____
 Winter feed: _____
 Breeding/Competition feed: _____
6. Name of person having care, custody and control of horse if other than the named insured: _____
 Address and telephone # _____
7. Do you understand that immediate notification is required by telephone of any current illness, injury, lameness, surgery, disease or death or your claim may be denied, and do you agree to do so? _____

8. If you are insuring your horse for more than the purchase price, the amount of insurance must be justified by show record, training expenses incurred since the purchase of this animal, race winnings, stud fee paid if mare is in foal, etc. Please give complete information to justify value:

9. Name, address and telephone number of your usual veterinarian: _____

10. Does the above listed animal(s) travel outside of the continental United States or Canada? _____ Where? _____

FRAUD CLAUSE

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

Date _____ Applicant Signature _____
(No trainers or agents)

Agent Name (Print): _____ Agent Signature: _____

Agency Code # _____

Agent's License # _____

STATEMENT OF HEALTH for HORSE MORTALITY INSURANCE

This statement forms part of the Animal Mortality Application
(To be completed by the insured)

IMPORTANT NOTE: Completion and signing of this supplemental application in no way binds the Company to the risk or implies that coverage is in effect.

Name of Insured: _____ Name of Horse: _____
Use of Horse _____ How long have you known horse? _____

1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended?
Yes No
Have you observed the horse in all gaits involved in its intended use?
Yes No
2. 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? Yes No
3. Has the horse had any colic, impaction, colic surgery or intestinal disorders within the last 36 months? Yes No
4. Has the horse been nerved or received any surgical treatment for lameness? Yes No
5. Has horse been examined or treated by a veterinarian for other than routine care within the last year? Yes No
6. Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 36 months? Yes No
7. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months? Yes No
8. Has the horse been tested for HYPP? Yes No Results: NN NH HH
(Appaloosas, Paints and Quarter Horses are required to be tested certainly if a progeny of the Impressive lineage, if sire or dam is NH or HH, or if animal's registration papers indicate NH or HH for HYPP.)
9. Has the horse(s) received regular annual vaccinations including West Nile Virus & remained on its' regular worming program? Yes No
10. Is the animal due to foal any time during the proposed policy period? If yes, give estimated foaling date along with the number of previous foals. Yes No
11. Was a pre-purchase exam done? (If yes, please attach a copy) Yes No
12. If yes, was answered to any question 2 through 8, please provide details below.

13. Has the feeding & supplement program changed in the last year? Explain: _____

14. Is feed supplement program conducive to territory and use and not considered contributory to colic? (Consult Vet if necessary) _____

I understand and agree that the policy to be issued shall be founded upon this representation of owner contained herein. Prior policy information and this representation of owner shall be the basis of the contract and, if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Any person knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

Signature of owner(s) of above named animal

Date (must be no more than 30days prior to policy effective date)