THE HARTFORD
LIVESTOCK DEPARTMENT
www.thehartford.com/livestock

ANIMAL MORTALITY APPLICATION for HORSES

(Minimum Earned Premium = $250.00)

THE HARTFORD

Producer's Name	Applicant's Name
Agency — Star H Equine Insurance	Mail Address
Mail Add — P.O. Box 2250, Advance, NC 27006	City, ST Zip
City, ST — Ph: 336-940-5455 / Fx: 336-940-5475	Phone
Phone	Fax
Fax — www.starhinsurance.com	E-Mail Address
E-mail Address	Policy Term Desired **(maximum term 12 months)**:

☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Corp. ☐ Other _____

Proposed Effective Date: _____ ☐New Policy ☐Endorsement _____ (Policy Number)
(Coverage begins on the date of acceptance by the Company)

PLEASE READ: If you submit an INACCCURATE and/or INCOMPLETE Application, the missing information will delay your coverage and the inaccurate information will result in claim denials and/or coverage reductions. The insurance you are applying for with this Application DOES NOT and WILL NOT cover Pre-Existing Conditions.

A. Horse Name	**Date of Birth**	**Date of Purchase**	***Purchase Price** (stud fee if raised)	***Requested Limit of Insurance**

Identification (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)	**Sex** (Stallion, Mare, Colt, Filly, Gelding)	**Breed**	**All Uses**

Primary Stable Location:

B. Horse Name	**Date of Birth**	**Date of Purchase**	***Purchase Price** (stud fee if raised)	***Requested Limit of Insurance**

Identification (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)	**Sex** (Stallion, Mare, Colt, Filly, Gelding)	**Breed**	**All Uses**

Primary Stable Location:

All Limits of Insurance are subject to company approval.

*For a Requested Limit of Insurance that does not equal the Purchase Price, complete and attach a **Substantiation of Value**.

Type of Coverage Requested:

A B		A B		A B	
☐ ☐	Mortality - Full	☐ ☐	Major Medical $10,000	☐ ☐	Loss of Use-Limited
☐ ☐	Mortality - Limited	☐ ☐	Major Medical $15,000	☐ ☐	AS&D/Stallion Infertility
☐ ☐	Major Medical $5,000	☐ ☐	Surgical $5,000	☐ ☐	Aggregate Deductible
☐ ☐	Major Medical $7,500	☐ ☐	Loss of Use	☐ ☐	Other _____

		Horse A Y	Horse A N	Horse B Y	Horse B N
1.	Was a pre-purchase exam completed? If yes, please attach a copy of the examination results.	☐	☐	☐	☐
2.	Has the horse been examined or treated by a veterinarian for any accident, injury, sickness, disease, and/or lameness within the last 24 months?	☐	☐	☐	☐
3.	Is the horse currently free of lameness and healthy without the use of drugs?	☐	☐	☐	☐
4.	Has the horse undergone an ultrasound, bone scan, gastroscope, or x-rays within the last 24 months?	☐	☐	☐	☐
5.	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, kissing spine, arthritis, and/or degenerative joint disease?	☐	☐	☐	☐
6.	Has the horse had a neurectomy or received any surgical treatment for lameness?	☐	☐	☐	☐
7.	Has the horse received any long- or short-term medication or any preventative treatments in the last 24 months?	☐	☐	☐	☐
8.	Has the horse received any joint injections in the last 24 months? If yes, Which joints? How often? Names of meds? Date of last injection?	☐	☐	☐	☐
9.	Has the horse had any colic, colic surgery, impaction, gastric ulcers, or intestinal disorder within the last 24 months?	☐	☐	☐	☐

		Horse A Y	Horse A N	Horse B Y	Horse B N
10.	If a mare, is the mare due to foal any time during the requested Policy Period? If Yes, please give: Estimated Foaling Date: _____; Number of Previous Foals: _____; Stud fee: _____	☐	☐	☐	☐
11.	If a mare, has the mare ever experienced birthing difficulties?	☐	☐	☐	☐
12.	Does the horse have an ancestor known to carry HYPP? If No, please move on to question **13**.	☐	☐	☐	☐
a.	Has the horse been HYPP tested? If Yes, please check the test results. N/N ☐A ☐B N/H ☐A ☐B H/H ☐A ☐B	☐	☐	☐	☐
b.	Please check the HYPP test results of the horse's Sire and Dam. Sire: N/N ☐A ☐B N/H ☐A ☐B H/H ☐A ☐B Unknown ☐A ☐B Dam: N/N ☐A ☐B N/H ☐A ☐B H/H ☐A ☐B Unknown ☐A ☐B				
c.	Has the horse ever shown any HYPP signs or symptoms?	☐	☐	☐	☐

13. Will the horses be observed and cared for daily? ☐Yes ☐No If No, explain:

14. Who was each horse acquired from?

15. Are you the sole owner of the horses? ☐Yes ☐No If No, provide other owner's % of interest, name and address:

16. Loss Payee(s): _____
(Name and Address)

17. Method of payment? ☐ Cash ☐ Check ☐Trade ☐ Other If Trade, provide details:

18. Are the horse(s) leased? ☐Yes ☐No If Yes, please attach a copy of the lease(s).

19. Is there or has there ever been any insurance on these horses that is similar-to any insurance available on this Application?
☐Yes ☐No If Yes, provide the carrier: _____
Expiration date: _____ Amount/Type of Coverage: _____
If Yes, Attach the Declarations Page, Schedule, and Loss Runs.

20. Has any insurance carrier ever canceled, non-renewed or refused to insure any horse(s) in which you have or had an insurable interest? ☐Yes ☐No If Yes, provide details: (Not applicable in MO) _____

21. Have you lost any horse in the last 5 years (whether insured or not) or have any medical/surgical or colic claims been filed on the above listed horse? ☐Yes ☐No
If Yes, give date, cause, value, and explain:

22. Name, address, and telephone number of horse's primary licensed veterinarian:

23. **Do you understand that the insurance policy you are applying for requires you to give the Company immediate notice of any covered animal's death, injury, sickness, or disease, along with a description of the condition and the name of the attending veterinarian? Do you also understand that failure to give this immediate notice may result in the denial of a claim? ☐Yes ☐No**

Please provide details for any **"Yes"** answers to questions 2,4,5,6,7,8,9, 11, and 12c. and any **"No"** answers to questions 3 and 23.

_____
_____
_____
_____
_____
_____
_____

Note: A Veterinarian Certificate of Exam is required if:

1. **Horse is under 6 months of age**
2. **Horse is over 16 years of age**
3. **Horse is valued over $50,000**
4. **You have not known the horse over 30 days**
   (A pre-purchase exam no older than 30 days can be submitted in place of the vet exam)

☐ 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 MAY BE COLLECTED FROM PERSONS OTHER THAN YOU INCONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY USOR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEWYOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS ANDOUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMITA REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE ORSTATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVILPENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDINGTHE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IFFALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE ORBELIEF THAT IT WILL BE PRESENTED TO OR BY 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 FOR PERSONAL OR COMMERCIAL INSURANCE, OR ACLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TOCONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATIONCONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY ORANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FORTHE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BEA CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OFDEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THEANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HERKNOWLEDGE.

APPLICANT'S SIGNATURE	DATE (Must be no more than 30 days prior to policy effective date)

HARTFORD-CONTRACTED PRODUCER'S SIGNATURE	HARTFORD-CONTRACTED PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)