#### THE HARTFORD LIVESTOCK DEPARTMENT www.hartfordlivestock.com

Equisure, Inc

Producer's Name

## ANIMAL MORTALITY APPLICATION for HORSES



Client Code:

#### (Minimum Earned Policy Premium \$250.00)

Applicant's Name

	Agency Code 87 - 051379										
0:4	ddress 13790 E Rice Place, Su	•	City, ST Zip								
City, S	ST Zip Aurora, CO 80015		Phone								
Phone	303-614-6961		Fax								
Fax	303-614-6967		E-Mail Address								
E-mail Address info@equisure-inc.com				Policy Term Desired (maximum term 12 months):							
☐ Inc	☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Corp. ☐ Other										
•	Proposed Effective Date: New Policy Installment Payment Plans? Yes (Coverage begins on the date of acceptance by the Company) Endorsement (Policy Number) (Available on Premiums over \$500)							lo			
(Coverage begins on the date of acceptance by the Company)											
A. Animal Name  Date of Birth Date of Purchase Purchase Price (or stud fee if raised) Requeste						ed Limit of Insurance					
Identification     (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)     Sex     (Stallion, Mare, Colt, Filly, Gelding)     Breed						<u>Use</u>					
<u>Prima</u>	ry Stable Location:										
B. Ar	nimal Name	Date of Birth	Date o	f Purchase	Purchase Price	or stud fee if raised)	Requeste	d Lim	it of I	nsura	nce
<u>Identif</u>	fication (Sire/Dam, Registration#, Tattoo#, Micr	ochip#, or Pictures if unre	egistered)	Sex (Stallion,	Mare, Colt, Filly, Gelding)	Breed			<u>Us</u>	<u>e</u>	
Prima	ry Stable Location:										
F	AII L For a Requested Limit of Insurance				to company apprice, complete a		ubstantia	tion o	of Va	lue.	
	<u>`</u>	Tyr	on of Co	overage Rec	ulostod:						
АВ		<u>ту.</u> АВ	<del>)C 01 0C</del>	overage rec		А В					
	Mortality - Full		/ledical s	\$7,500	ſ	☐ Loss of U	Jse				
	Mortality - Limited	☐ ☐ Major N	/ledical S	\$10,000			Jse-Limite				
	Major Medical \$5,000, Basic			\$15,000			\$5,000 L				
닏닏^	Major Medical \$7,500, Basic			\$10,000 high			te Deduct	ible			
		Accidei	it, Sicki	ness and Dis	ease <u></u>					Hors	- B
1.	Was a pre-purchase exam complete	1. Was a pre-purchase exam completed? If Yes, a copy of the examination results may be requested by the Company.							N	Υ	
2. Has the horse been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, or other than routine care within the last year?							any.	Hors Y		Y	
		ated by a veterinar						Υ			
		ated by a veterinar ?	ian for ar	ny accident, in				Y	N □		
3.	than routine care within the last year	ated by a veterinar? ss and healthy with	rian for ar	ny accident, in use of drugs?	jury, sickness, dise			<u>Y</u>	N		
3. 4. 5.	than routine care within the last year Is the horse currently free of lamener Has the horse undergone diagnostic Does the horse have any past confordisability including, but not limited to:	ated by a veterinar? ss and healthy with ultrasound, bone rmational problems	nout the uscan, or a	ny accident, in use of drugs? x-rays within th cts, illness or o	jury, sickness, dise ne last 36 months? disease, lameness,	ase, lameness, or injury or phys	or other	Y	<u>N</u>		
3. 4. 5.	than routine care within the last year Is the horse currently free of lamener Has the horse undergone diagnostic Does the horse have any past conformation.	ated by a veterinar? ss and healthy with ultrasound, bone rmational problems laminitis/founder	nout the uscan, or so or defect, OCD, no	ny accident, in use of drugs? x-rays within the cts, illness or deurological dis	jury, sickness, dise ne last 36 months? disease, lameness,	ase, lameness, or injury or phys	or other		<b>N</b> □ □ □ □ □		
3. 4. 5. 6.	than routine care within the last year Is the horse currently free of lamener Has the horse undergone diagnostic Does the horse have any past confordisability including, but not limited to: degenerative joint disease? Has the horse been nerved or receiv Has the horse received any joint inje	ated by a veterinar? ss and healthy with ultrasound, bone rmational problems: laminitis/founder	nout the uscan, or assort defect, OCD, no	ny accident, in use of drugs? x-rays within the cts, illness or eurological disuess?	jury, sickness, dise ne last 36 months? disease, lameness, orders (e.g. EPM)	ase, lameness, or injury or phys navicular diseas	or other sical e, and/or	Y	N		
<ul><li>3.</li><li>4.</li><li>5.</li><li>6.</li><li>7.</li></ul>	than routine care within the last year Is the horse currently free of lamener Has the horse undergone diagnostic Does the horse have any past confordisability including, but not limited to: degenerative joint disease? Has the horse been nerved or receive	ated by a veterinar?  ss and healthy with ultrasound, bone rmational problems: laminitis/founder  red any treatment for ctions, any type of	nout the uscan, or so or defect, OCD, not medicate	ny accident, in use of drugs? x-rays within the cts, illness or ceurological dis ness? ion long or sho	jury, sickness, dise ne last 36 months? disease, lameness, orders (e.g. EPM) ort term, or any pre	or injury or physnavicular diseas	or other sical e, and/or				
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12.	Will the horses be observed and cared for daily? ☐Yes ☐No If No, explain:
12	Who was each horse convived from?
13.	Who was each horse acquired from?
14.	Are you the sole owner of the horses?   Yes   No If No, provide other owner's % of interest, name and address:
15.	Loss Payee(s):
	(Name and Address)
16.	If the Purchase Price was not paid entirely in cash, please describe the transaction in detail.
17.	Are the horses leased to others?   Yes No If Yes, please attach a copy of the lease(s).
18.	Is there any other insurance on the horses?   Yes  No If Yes, provide the carrier name:
	Expiration date: Amount of coverage:
19.	Has any insurance carrier ever canceled, non-renewed or refused to insure any horse in which you have or had an insurable interest?   Yes No If Yes, provide details: (Not applicable in MO)
20.	Have you lost any horse in the last 5 years (whether or not insured) or have any medical/surgical or colic claims been filed on the above listed horse?
	If Yes, give date, cause, value and explain:
21.	Name, address, and telephone number of the horse's primary licensed Veterinarian:
22.	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?
Plea	se provide details for any "Yes" answers to questions 2,4,5,6,7,8,10 and 11c. and any "No" answers to questions 3 and 22.

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.

APPLICANTS SIGNATURE

DATE (Must be no more than 30 days prior to policy effective date)

PRODUCERS SIGNATURE

PRODUCERS NAME(Please Print) STATE PRODUCER LICENSE NO.

Han Linher

PRODUCERS NAME(Please Print)

Diane Lesher

STATE PRODUCER LICENSE (Required in Florida)

# VETERINARIAN'S STATEMENT OF EXAMINATION For Horses



Veterinarian's Address:							
veterinarian s Signature	Pate releptione Number						
Veterinarian's Signature	Date Telephone Number						
Give your general evaluation for the above named horse, and your professio	nal opinion on soundness, both short and long term, for its intended use.						
Stifles – Lateromedial views:							
Hocks – Lateral projection, craniocaudal projection, both oblique:							
Hind Fetlocks – A/P views:							
Front Fetlocks - A/P views:							
Front Feet - Lateromedial, dorsal ventral, navicular skyline:	indicated. The transmitted are not acceptable descriptions for infulligs.						
intended use. If possible, use any previous X-rays for comparisons, i.e. navi	cular. All views listed below are required for Full Loss of Use coverage. If necessary. <b>Note NSF and WNL are not acceptable descriptions for findings.</b>						
X-rays: Must be current within 30 days. Please list below all radiographic file	ndings, especially those that may affect the horse's long term and short-term						
If Loss of Use Coverage is being requested, please complete the follow	<u> </u>						
	ease explain on a separate page.						
Provide details of any degenerative changes, bone spurs, chips or osteochor	ndrosis seen on any radiographs taken.						
Are you aware of any history of unsoundness, injury or disease on this horse Other findings or remarks?	?						
Are you aware of any condition, past or present that could require surgical or							
Has the horse ever undergone surgery?							
Have you or any other veterinarians attended the horse for any ailment, injur							
medication long or short term, or any preventative treatments in the last	12 months?						
Are you aware if the horse has received any performance enhancing procede							
	If any are answered yes, please explain on a separate page.						
If no, have you treated/examined this horse previously? Explain:	any history of gestation, lactation or parturition problems? .   Yes   No						
Are you the usual veterinarian for the applicant? Yes □ No	If the horse is a breeding horse, to your knowledge is there						
If any are answered no, please explain on a separate page	Is the horse pregnant?						
Is the stabling and turn out safe and adequate?	Is the horse subject to chronic metritis and/or mastitis? Yes No						
Properly shod?	Any evidence of bone or joint disease? Yes No						
Hoof tester results negative? Yes No	on circles in both directions? Yes No						
(Please note any swelling, heat, stiffness and/or pain for any answer "No".)	Any evidence of lameness jogging straight or						
Tendons and Ligaments Yes No	horse for its intended use, short or long term? Yes No						
Hocks	Any major conformation faults, which may affect the						
Knees	Any history of uncharacteristic behavior in the last 24 months?						
Stifles Yes No	Contagious diseases on premises or locally? Yes No Is there evidence of objectionable habits? Vices? Yes No						
Palpitations normal?  Back ☐ Yes ☐ No	Any evidence of infection or disease?						
Eyes clinically normal? Yes No	Any evidence or history of laminitis, club foot, or P3 rotation? Yes No						
Temperature normal?	History or evidence of nerving?						
Respiration auscultation normal at rest and after work?	History or evidence of a bleeder?						
Heart auscultation normal at rest and after work?	Subject to or any previous history of colic?						
Pulse and Respiration normal at rest and after work? ☐ Yes ☐ No	Has the horse ever had colic surgery? Yes □ No						
Has the horse experienced any HYPP signs or symptoms?. ☐ Yes ☐ No If Yes, p							
For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPF							
Horse Name: Date of Bir	h: Sex: Use:						
L-IIIaii Audiess	<u> </u>						
Fax E-mail Address	E-Mail Address						
Phone	Fax ————————————————————————————————————						
City, ST Zip	Phone						
Mail Address	City, ST Zip						
Agency Code	Mail Address  City ST, Zip						
Producer's Name	Applicant's Name Client Code:						
Deadwoods Name	And Green Manual						

THE HARTFORD LIVESTOCK DEPARTMENT (800)-295-1815 www.hartfordlivestock.com

### Substantiation of Value Horses



### This document forms part of the Animal Mortality Application

Applicant's Name  Mail Address  City, ST Zip  Phone  Fax	Client Code:				Policy Nu Animal Na Purchase Purchase Amount o	ame: Price:  Date:					
E-Mail Address						Insurance Desired: \$					
Breed Use Sire:			se Sex Dam:			K	Date of Birth				
Show / Performa	nce Record	(s)					3				
Show / Competition	Sho	ow Rating	Date of Show		Number of Sistern Sist		Placem	nent Winnings	Number of Points		
								\$ \$			
								\$			
								\$			
Training Record	(s)										
Name of Trainer			Type of Training			(Exclu Per Month	ding Board, V	Cost of Training  ding Board, Vet and Maintenance Fees)  Number of Months  Total Cost  \$			
								\$			
Breeding Stallion	าร										
Number of Non-Owned Mares Number			of Non-Owned Mares  Bred This Year  Stud Fee Charge				ged	This Years And Incom			
			of Non-Owned Mares Bred Last Year Stud Fee			tud Fee Charç	harged Last Years Annual Breeding Income*				
*Breeding Income is defir Any Additional information		of money that wa		articular ye	ar when s	stud fees were pa	aid to you afte	r the fulfillment of breed	ng contracts.		
Broodmare Reco	ord										
Births Since Owned Sold Since Owned Ave		Number of Foals	erage Selling Price		Average Selling Price of Full Siblings Half Sibling  \$ \$			Is Mare Pregnant now? Yes or No Ulif Yes, Amount of Stud/Service Fee)			
		\$						s □No \$			
Foal Record											
Stud Fee of Sire Avera				ge Selling Price of Full Siblings			Average Selling Price of Half Siblings				
\$ \$					\$						
Other Informatio	n to Substa	ntiate Value	):								
A	4h-a-ah	-1					dal info	-41			
Applicant declares Applicants Signature		atements ar	e true and co	mpiete,	, and th	at no mater	Date		a.		