

# AMERICAN RELIABLE INSURANCE COMPANY EQUINE MORTALITY & MEDICAL APPLICATION

## APPLICANT INFORMATION

Preferred Effective Date for Policy Inception: \_\_\_\_\_ Email Address \_\_\_\_\_  
 Named Insured (DBA) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Web Address (if Any) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name / Address of Horse Boarding Location(s) \_\_\_\_\_

COVERAGE OPTIONS - HORSE # 1	(√)	COVERAGE OPTIONS - HORSE # 2	(√)
Equine Mortality (Includes Free Colic Surgery) OR		Equine Mortality (Includes Free Colic Surgery) OR	
Equine Mortality – Specified Perils Only		Equine Mortality – Specified Perils Only	
<b>Equine Major Medical / Surgical Limits</b> <input type="checkbox"/> \$ 7,500 /\$425 Ded. <input type="checkbox"/> \$10,000 /\$500 Ded. <input type="checkbox"/> \$15,000 /\$600 Ded. <b>Equine Major Medical / Surgical Plus Limits</b> <input type="checkbox"/> \$10,000 /\$500 Ded. <input type="checkbox"/> \$15,000 /\$600 Ded.		<b>Equine Major Medical / Surgical Limits</b> <input type="checkbox"/> \$ 7,500 /\$425 Ded. <input type="checkbox"/> \$10,000 /\$500 Ded. <input type="checkbox"/> \$15,000 /\$600 Ded. <b>Equine Major Medical / Surgical Plus Limits</b> <input type="checkbox"/> \$10,000 /\$500 Ded. <input type="checkbox"/> \$15,000 /\$600 Ded.	
Equine Surgical Only \$5,000 / \$375 Ded.		Equine Surgical Only \$5,000 / \$375 Ded.	
Equine Colic Coverage \$3,000 / \$375 Ded.		Equine Colic Coverage \$3,000 / \$375 Ded.	
Equine Accident & Illness \$5,000 / \$375 Ded.		Equine Accident & Illness \$5,000 / \$375 Ded.	
A, S & D Infertility (For Stallions)		A, S & D Infertility (For Stallions)	
Equine Loss of Use*		Equine Loss of Use*	
Worldwide Coverage		Worldwide Coverage	

\*Subject to age, value and use guidelines and supplemental underwriting information.

HORSES OWNED / LEASED BY APPLICANT								
#	Horse Name	Sex	DOB	Requested Mortality Limit	Breed	Use	Date Purchased	Purchase Price or Trade Exchange Value Details
1								
2								

1	Seller Name/Address:	Horse's Sire:	Horse's Dam:
2	Seller Name/Address:	Horse's Sire:	Horse's Dam:

Has any insurance carrier ever canceled, non-renewed or refused to insure any horse(s) in which you have or had an insurable interest? (Not applicable in Missouri)	No Yes
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Have you ever had a claim involving injury, death, or loss of an insured horse with any insurance carrier?	No Yes
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If Yes:				
Date of Loss	Coverage Type	Description of Claim	Amount Paid	Insurance Carrier

ADDITIONAL QUESTIONS		Horse #1	Horse #2
1	Was a pre-purchase examination completed? (Note: Pre-purchase examination is not the Veterinarian's Certificate of Examination. Company may reject results.)	No Yes	No Yes
2	Is the horse healthy and capable of performing its stated use?	No Yes	No Yes
3	Has the horse received any type of medication or treatment other than well / routine horse care?	No Yes	No Yes
4	Has the horse ever received medical or surgical treatment, including joint injections, or nerve blocks for lameness?	No Yes	No Yes
5	Has the horse ever had any colic, colic surgery, gastric ulcer, impaction, or intestinal disorder?	No Yes	No Yes
6	To the best of your knowledge, has your horse ever been observed or diagnosed with, or treated for eye disease, moon blindness or head shyness?	No Yes	No Yes
7	To the best of your knowledge, has your horse ever been observed or diagnosed with, or treated for conformation problems or defects, injury, or evidence of lameness?	No Yes	No Yes
8	Does the horse have a gait deficit or neurologic disorder?	No Yes	No Yes
9	Does the horse have any past Laminitis, founder, Navicular Syndrome, abscess, P3 rotation, or other hoof problems or irregularities?	No Yes	No Yes
10	Does the horse have any Osteoarthritis, degenerative joint disease or OCD?	No Yes	No Yes
11	Has the horse undergone diagnostic ultrasound, bone scan or X-rays within last 36 months?	No Yes	No Yes
12	Will the horse be observed and cared for daily?	No Yes	No Yes
13	What percentage of time per day is the horse in pasture (not in stable)?	%	%
14	How many miles is the horse to the closest licensed equine veterinarian?		
15	Is the horse leased? If yes, attach copy of lease agreement. If no written agreement, explain terms in "comments" section.	No Yes	No Yes
16	Is applicant the sole owner of the horse? If no, provide other owner's name(s), address(es), and % interest.	No Yes	No Yes
17	Is there any other insurance on the horse? If yes, provide details in "comments" section.	No Yes	No Yes
18	Has the horse ever shown any HYPP signs or symptoms?	No Yes	No Yes
19	Has the horse ever been HYPP tested? Test Results: N/N 1 2 N/H 1 2 H/H 1 2	No Yes	No Yes
20	What is the horses primary licensed equine veterinarian's name, address & phone #:		
21	Loss Payee(s) Name / Address:		
22	Do you understand that the insurance policy you are applying 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 name of the attending veterinarian? Do you also understand that failure to provide immediate notice may result in the denial of a claim?	No Yes	No Yes

Comments to Questions Requiring Additional Explanation:

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<input type="checkbox"/>	Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states; contact your agent or broker for your state's requirements.)
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**NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.**

**In AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**In CO:** 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**In FL and OK:** 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)\*. \*Applies in FL Only.

**In KS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under 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.

**In KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**In ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**In NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**In OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**In PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**I, the undersigned, hereby certify that to the best of my knowledge and belief the information provided is true and complete and I have not withheld any material information. It is agreed that this form shall be the basis of the contract and / or policy should a contract and / or policy be issued and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract and / or policy will be null and void.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# AMERICAN RELIABLE INSURANCE COMPANY

## STATEMENT OF HEALTH

**APPLICANT INFORMATION**

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Preferred Date for Policy Inception \_\_\_\_\_  
 Previous Insurance Carrier \_\_\_\_\_ Amount of Insurance \_\_\_\_\_

Horse Name	Breed	Birth Date	Color	Sex	Use

1	Is the horse healthy and capable of performing its stated use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Has the horse received any type of medication or treatment other than well / routine horse care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Has the horse ever received medical or surgical treatment, including joint injections, or nerve blocks for lameness? If yes, specify joints injected, dates and reasons for injections below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Has the horse ever received medical or surgical treatment, including joint injections, or nerve blocks for lameness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Has the horse ever had any colic, colic surgery, gastric ulcer, impaction, or intestinal disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	To the best of your knowledge, has your horse ever been observed or diagnosed with, or treated for eye disease, moon blindness or head shyness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	To the best of your knowledge, has your horse ever been observed or diagnosed with, or treated for conformation problems or defects, injury, or evidence of lameness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Does the horse have a gait deficit or neurologic disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Does the horse have any past Laminitis, founder, Navicular Syndrome, abscess, P3 rotation, or other hoof problems or irregularities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Does the horse have any Osteoarthritis, degenerative joint disease or OCD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Has the horse undergone diagnostic ultrasound, bone scan or X-rays within last 36 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Are there any other current or prior health conditions to which the horse has been exposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	(Mares Only) Is the horse due to foal any time during the requested policy period? If yes, please provide: Expected Foal Date                      # Previous Foals                      Stud Fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	(Mares Only) Has horse ever experienced birthing difficulties? If yes, explain below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Horse ancestry known to carry HYPP? (American Quarter, Appaloosa or Paint)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Horse been HYPP tested?      Test Results:      N/N      N/H      H/H	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "YES" was answered to any question above, please provide details below: (Also provide any additional comments regarding general evaluation of the named horse and professional opinion on soundness of horse)

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and / or in the application and this statement as well as the application and supporting materials shall be the basis of the policy contract and if anything be falsely stated, or information withheld, to influence the company's decision, the insurance shall be null and void.

Signature of Applicant of above named animal: \_\_\_\_\_ Date: \_\_\_\_\_