

**ARK AGENCY
ARK INTERNATIONAL
GROUP**

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Paynesville, MN 56362
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**APPLICATION FOR
HORSE MORTALITY
INSURANCE**

-SIDE A-



**THIS SIDE TO BE COMPLETED BY THE INSURED!
NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED & SIGNED BY THE INSURED AND VETERINARIAN!**

NAME OF OWNER(S) _____ HOME PHONE # _____
MAILING ADDRESS _____ BUSINESS PHONE # _____
CITY _____ STATE _____ ZIP _____ FAX # _____
REQUESTED EFFECTIVE DATE _____ EMAIL ADDRESS (optional) _____

<u>Subject of Insurance</u>	Reg. #	Breed	Sex*	Date of Birth	Exact Use	Level	Sire	Dam	Purchase Date	Purchase Price	Insured Amount ♦
A.											
B.											

* G-Gelding, M-Mare, S-Stallion, F-Filly, C-Colt ♦ If requested value exceeds purchase price, please complete the Justification of Value Record.

**Answer all questions, declarations, and disclosures that follow.
These inquiries relate to the horses stated as A & B above, and to your equine husbandry practices and history.**

- Are you the sole owner of the horse(s)? YES NO If "NO", explain _____
★ If any horse listed above is being leased, please provide a copy of the lease agreement to attach to this form.
- List name and address of other partial owner, partner, bank, lienholder, shareholder or mortgagee to be named in the policy. _____
- Address where horse(s) will be stabled? _____
- Is the horse(s) healthy and sound? **HORSE A:** YES NO **HORSE B:** YES NO
- For all Quarter Horses, Appaloosas, or Paint horses. Does the horse(s) have an ancestor known to carry HYPP? Indicate "Yes" or "No" for each horse.
HORSE A: YES NO **HORSE B:** YES NO
If "Yes," please indicate the HYPP status (N/N, N/H, H/H) for each horse. (Note: Coverage will not be considered without disclosure of HYPP status).
- Has the horse(s) ever had surgery? YES NO If "yes," give details _____
- Has the horse(s) ever suffered any accident, disease or sickness? YES NO If "yes," explain _____
- Has the horse(s) shown past or present conformation problems, defects or ailment, illness or disease, lameness, injury or physical disability including but not limited to: OCD, neurological disorders, navicular disease, and / or degenerative joint disease? YES NO If "yes," explain _____
- Has the horse(s) been nerved or received any surgical treatment for lameness? YES NO If "yes," explain _____
- Has the horse(s) experienced or been treated for past or present colic or intestinal disorder? YES NO If "yes," explain _____
- Has the horse(s) been examined or treated by a veterinarian for other than routine care? YES NO If "yes," explain _____
- Has the horse(s) undergone diagnostic ultrasounds, X-rays, or bone scans? YES NO If "yes," explain _____
- In the last 12 months, has the horse(s) received joint injections, any type of medication long or short term, or any preventative treatments? YES NO
If yes, explain _____
- Has the horse(s) been treated for hoof problems, founder / laminitis, or rotation of the coffin bone? YES NO If "yes," explain _____
- In last 12 months, has there been any contagious or infectious disease on the premises where horse(s) reside? YES NO If "yes," explain _____
- Is the horse(s) presently insured by you or any of its owners? YES NO If "yes," state inception / expiration dates, value, and Insurer's name(s). _____
- In last three years, has an Insurer cancelled, declined, or refused to insure or renew insurance on any horse you owned or leased? YES NO If "yes," give details _____ (Missouri residents are not required to answer this question).
- In the last three years, have you filed insurance claims on any horses you owned? YES NO If "yes," please state name of company, name of horse, and amount paid _____
- Are the horse(s) needs of shelter, exercise, feed and water attended to daily? YES NO
- Is horse (s) on strict regular worming program? YES NO
- Do you have knowledge of any other facts not already disclosed that could potentially affect the Insurer's acceptance to insure the horse(s)? _____
- Give name, address, and phone number of the usual attending veterinarian for the horse(s) _____
- Give name and address of your usual equine hospital or referral center. _____

24. I understand and agree that if insurance is put in force on the horse(s), that: (Write your initials on lines to left side of each statement.)
 _____ I am responsible to provide immediate notice to the Insurer should the horse(s) become injured, sick, diseased or die during the policy period.
 _____ No surgical procedure may be performed on insured horse(s) without the express consent of the Insurer, unless emergency surgery is required to preserve the life and usefulness of the horse(s).
 _____ The Insurer shall not be liable for any loss caused by an insured horse becoming unfit or incapable of fulfilling the functions, use or duties for which it is kept, used or intended.

Please check option of coverage desired: Full Mortality only To include Surgical coverage To include Surgical & Major Medical coverage.

I / We acknowledge and agree that: This application shall be the basis for the contract that insures the horse(s) scheduled herein, and if anything is falsely stated or information is withheld with intent to influence the Insurer's decision to insure the horse(s), the insurance contract will be null and void. Your signing of this form does not bind the Insurer and no insurance shall be deemed effective unless and until this application is accepted by the Insurer and consideration (premium payment) is paid to the Insurer's agent by the Insured.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Applicant's Signature _____ **Date** _____