

ANIMAL MORTALITY APPLICATION

THIS APPLICATION MUST BE RECEIVED BY THE INSURER WITHIN 14 DAYS OF VETERINARY EXAMINATION.
THE APPLICATION IS NOT ACCEPTABLE WITH RESPECT TO ANY ANIMAL ON WHICH THE VETERINARIAN NOTES EXCEPTIONS.

Agent/Broker _____ Agency/Brokerage _____ City, Province, Postal Code _____ Phone Number _____ Fax Number _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, Province, Postal Code _____ Phone Number _____ Fax Number _____ E-mail Address _____ Existing Property/Liability Policy Number _____
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Individual
 Partnership
 Corporation
 Joint Venture
 Limited Liability Corporation
 Other

Proposed Effective Date: _____	Policy Term Desired (max. term 12 months) _____
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IF ISSUED POLICY IS EFFECTIVE DATE OF VET'S EXAM, OWNER'S SIGNATURE OR DATE SPECIFIED WHICHEVER IS LATER. BUT WITHIN 14 DAYS OF VET'S EXAM.

Type of Coverage Requested: _____	(Minimum Policy Premium Applied to Company) (Coverage begins on the date of acceptance by the Company)
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1.	Animal Name	Breed	Date of Birth	Purchase Price (or stud fee if raised)
	Positive Identification Minimum of one selection required <input type="checkbox"/> Sire and Dam _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ *(Colour photos of front and sides of animal required)	Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other	Date Acquired Exact Use *If Show, list all events _____ _____ _____ _____ _____	Limit Requested ** For amounts other than purchase price, complete and attach Substantiation of Value . Amounts other than purchase price are subject to Company approval. Acquired From _____ _____ _____ _____ Expected date of calving or foaling: _____ Year of last calving or foaling: _____

2.	Animal Name	Breed	Date of Birth	Purchase Price (or stud fee if raised)
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1. Is applicant the sole owner of the animal(s) listed? Yes No

If No, provide other owner(s) % of interest, Name and Address:

2. For any animal listed, if the Purchase Price was not paid entirely in cash, please describe the transaction in detail:

3. Loss Payee(s):
(Name and Address)

4. Has any same type of animal owned by the applicant died in the past 5 years, whether covered by insurance or not? Yes No

If Yes, provide details:

5. Has any animal of any kind on the Insureds premises contracted or died from any infectious disease:

a) in the past year? Yes No

b) ever? Yes No

6. Has any insurance carrier ever cancelled or refused to insure any animal in which the applicant has or had an insurable interest? Yes No

If Yes, provide details:

7. Name of current insurance carrier:

8. Is there any other insurance on any animal listed? Yes No If Yes, provide the carrier name:

Expiration Date:

Amount of coverage:

9. Name, address and telephone number of usual licensed Veterinarian:

10. Will the animal(s) be observed and cared for daily? Yes No If No, explain:

11. Does the applicant own any other animals of this type?

Yes No

12. Has any animal listed:

a) been sick, diseased or injured during the past year?

Yes No

b) ever had colic/bloat or indigestion?

Yes No

c) experienced birthing difficulties?

Yes No

13. Is any animal listed:
- a) receiving regular treatment or medication, other than routine care? Yes No
 - b) been leased to others? If Yes, attach copy of lease. Yes No
 - c) known to be used for steeple chasing, or in hunting or jumping events? Yes No

If Yes, please indicate maximum height of jumps: _____

- d) to be raced? Yes No
- e) not stabled at your mailing address shown? Yes No

14. HYPP
- a) Does any animal listed have an ancestor known to carry HYPP? Yes No

If Yes, please answer questions b), c) and d) below.

- b) Has any animal listed been HYPP tested? Yes No

If Yes, please check test results: N/N N/H H/H

- c) Has any animal listed experienced any HYPP symptoms? Yes No

- d) Please check the HYPP test results of Sire and Dam:

Sire:	<input type="checkbox"/> N/N	<input type="checkbox"/> N/H	<input type="checkbox"/> H/H	<input type="checkbox"/> Unknown
Dam:	<input type="checkbox"/> N/N	<input type="checkbox"/> N/H	<input type="checkbox"/> H/H	<input type="checkbox"/> Unknown

If Yes, to any of the questions 11 through 14, please identify animal(s) and provide details:

CONSENT & DISCLOSURE

Where (a) an Applicant for this contract gives false particulars to the prejudice of the Insurance Company or knowingly misrepresents or fails to disclose any fact in any part of this application to be stated therein; (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and I may further provide personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Agent/Broker _____ Agency/Brokerage _____ City, Province, Postal Code _____ Phone Number _____ Fax Number _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, Province, Postal Code _____ Phone Number _____ Fax Number _____ E-mail Address _____
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VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE

I _____ hereby certify that I have this _____ day of _____ examined the following animal(s) at rest and in motion:

(1) Name: _____ (2) Name: _____ (3) Name: _____

1. How long have you been a Veterinarian for the above animal(s)? _____
2.
 - a. Do both eyes of the animal(s) appear clinically normal? Yes No
 - b. Were the eyes examined with an ophthalmoscope? Yes No
 - c. Do the lungs and heart sounds fall within normal range? Yes No
 - d. Do normal intestinal sounds emanate from all quadrants of the abdominal cavity? Yes No
 - e. Have you examined the animal(s) without the aid of chemical restraint? Yes No
 - f. Have you observed the animal(s) in gaits/movements expected for its breed and use? Yes No
 - g. Does the animal(s) appear relaxed and free of pain in all gaits/movements observed? Yes No
 - h. Do radiographs appear clinically normal? ** Yes No
 - i. Date radiograph taken: _____ Views taken: _____

** Radiographs required when the Loss of Use coverage is being requested (two views of each front foot and hocks are required).

If "No" to any of the above, please identify the animal and give pertinent clinical details:

3. a. Does the animal(s) show any evidence or history of nerving? Yes No
- b. Does there now exist, or has there recently been any infectious disease in your area? Yes No
- c. Other than for routine care, is the animal(s) receiving regular treatment or medication? Yes No
- d. Does the animal(s) examined show any symptom of previous sickness, disease or injury? Yes No
- e. Has the animal(s) listed ever had any colic/bloat or indigestion? Yes No
- f. Does the animal(s) exhibit any respiratory or circulatory distress? Yes No
- g. Is the animal(s) listed subject to chronic metritis and/or mastitis? Yes No
- h. Is the animal(s) listed pregnant? If Yes, please give the expected date of birth below. Yes No
- i. If the animal(s) is a breeding animal, to your knowledge is there any history of gestation, lactation, or parturition problems? Yes No
- j. Has the animal(s) been vaccinated for The West Nile Virus?
If Yes, please provide date of first vaccine and date of booster below. Yes No
- k. Has the animal(s) been HYPP tested? If Yes, provide results below. Yes No
- l. Has the animal(s) experienced any HYPP signs or symptoms? Yes No

If "Yes" to any of the above, please identify the animal and give details:

4. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal(s) listed during the last year:

Veterinarian's Signature _____ Date _____ Phone Number _____

Veterinarian's Address _____

