

# Horse Mortality Application

## RED PONY INSURANCE SERVICES, INC.

New Policy    Add to Existing Policy #H6100 \_\_\_\_\_      Proposed Effective date: \_\_\_\_\_

1. Named Insured – Full Name(s)/DBA: \_\_\_\_\_

Individual    Joint Venture    Organization    Corporation    Partnership    Syndication

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Business Phone: \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Company/Agent use for Claims/Policy Info Distribution)

**4. Notice of Insurance Information Practice:** Personal information about YOU may be collected by others. Such personal and privileged information collected by the COMPANY, or agents, may be disclosed to third parties for underwriting purposes only. YOU have the right to review your personal information in the COMPANY'S file and can request correction of any inaccuracies. A more detailed description of YOUR rights and the COMPANY'S practices regarding such information is available upon Agent request.

5. **COVERAGE:** (Consult your Agent concerning eligibility of animal's use, age, and health for appropriate coverage available to you)

Full Mortality, Theft, & ECS?

Limit Perils?:  Restricted Peril;  Accident Only

Basic Form?    Broad Form?

(Optional Covers not available for Limited Peril policies)

Guar. Ext.;  Guar. Ren'l;  Agreed Value;  Wobblers

Intern'l Transit;  Worldwide\*\*\*;

6. **ANIMAL(S) TO BE COVERED:** (Copy for additional horses or use supplemental Schedule)

#	Name/Registration No.*	Breed	Date of Birth	Sex	Exact Use	Purchase Date	Purchase Price	Insured Amount	Rate
1									
Stud Fee (Homebred Foals): \$		Sire's Name:			Dam's Name:				
Color & Markings Description:									
Optional Covers: MAJOR MEDICAL ** <input type="checkbox"/> \$5,000; <input type="checkbox"/> \$7,500; <input type="checkbox"/> \$10,000: <input type="checkbox"/> SURGICAL: <input type="checkbox"/> INFERTILITY: <input type="checkbox"/> 60% FULL LOSS OF USE; <input type="checkbox"/> 60% ACCIDENT LOSS OF USE: <input type="checkbox"/> PRO-FOAL									
2									
Stud Fee (Homebred Foals): \$		Sire's Name:			Dam's Name:				
Color & Markings Description:									
Optional Covers: MAJOR MEDICAL ** <input type="checkbox"/> \$5,000; <input type="checkbox"/> \$7,500; <input type="checkbox"/> \$10,000: <input type="checkbox"/> SURGICAL: <input type="checkbox"/> INFERTILITY: <input type="checkbox"/> 60% FULL LOSS OF USE; <input type="checkbox"/> 60% ACCIDENT LOSS OF USE: <input type="checkbox"/> PRO-FOAL									

\* Name of sire and dam for unnamed foals. Unregistered require current photographs and Brand Inspection or (Ela) Coggins Cert.

\*\* Not available for race horses, horses in race training, or polo ponies. Coverage must be approved by Company Underwriting.

\*\*\* Worldwide requires COMPANY approval by endorsement to expand territorial limits of Policy to acceptable foreign territories.

7. a.) Are you the sole owner of the horse(s) listed?  Yes  No

b.) Any Lease Agreements?  Yes  No (provide is Yes)

c.) Name & address of additional insured/loss payee/lienholder on listed horse? \_\_\_\_\_

8. a.) Price Paid?:  cash,  trade or  both? Details: \_\_\_\_\_ (JOV required if Insd Amt exceeds Price Paid)

b.) Acquired from: \_\_\_\_\_

9. Do you own other horses not listed above?  Yes  No. If yes, how many? \_\_\_\_\_

10. Any losses or insurance claims filed for non-insured owned or listed above animal(s) in the last 3 years?  Yes  No  
If yes, give date, cause of loss, health condition, value of animal or amount of paid claim as explanation: \_\_\_\_\_

11. To your knowledge, has any horse(s) listed suffered any accident, illness, injury, disease or lameness and had any veterinary treatment?  Yes  No. If yes, details: \_\_\_\_\_

12. Any horse(s) listed receive(d) any medication(s), other than preventative annual vaccines, for any accident, illness, injury, disease or lameness condition?  Yes  No? Reasons:  Preventative;  Maintenance;  Treatment? If yes, provide specifics: 1) horse; 2) condition; 3) applicable limb & joint; 4) medication; 5) frequency; 6) duration? \_\_\_\_\_
13. Any congenital or hereditary birth defects known to exist in horse(s) listed (neurologic, skeletal, spinal, conformational problems)?  Yes  No. If yes, Condition: \_\_\_\_\_ Tested? Date: \_\_\_\_\_ Results: \_\_\_\_\_
14. Has the listed horse(s) been previously insured?  Yes  No If yes, provide policy expiration date, insured amount, and company's name: \_\_\_\_\_

**USE & MANAGEMENT:**

15. a.) Personal having the care, custody or control of listed horse(s)? \_\_\_\_\_  
 b.) Location where listed horse(s) will be boarded? \_\_\_\_\_  
 c.) Years experience of a.) above? \_\_\_\_\_  
 d.) Are premises suitable and safe-guarded for horses? \_\_\_\_\_
16. Is/Are the horse(s) stalled, stalled with runs, or pastured?  Stalled  Stalled w/ run  Open Pasture.
17. Describe supervision & surveillance (day and night): \_\_\_\_\_
18. Is emergency transportation readily available for transport to Veterinarian care?  Yes  No
19. Name and contact information of regular Veterinarian: \_\_\_\_\_
20. Does a program exist and do listed horse(s) receive regular semi-annual Influenza, Rhino Pneumonitis and West Nile Virus and annual tetanus, Eastern and Western Equine Encephalitis recommended inoculations and remained on its' regular de-worming program administered, supervised or recommended by your regular Vet?  Yes  No. If No, explain: \_\_\_\_\_
21. a.) How far to the closest surgical facility? \_\_\_\_\_  
 b.) Is your regular Vet on staff there? \_\_\_\_\_
22. a.) Is/Are horse(s) in competition?  Yes  No  
 b.) If yes, how many times a year? \_\_\_\_\_  
 c.) List classes/divisions: \_\_\_\_\_  
 d.) Outside the Continental U.S.?  Yes  No. If, Yes explain: \_\_\_\_\_
23. a.) How many times shipped/hailed a year? \_\_\_\_\_  
 b.) Max. miles shipped each trip? \_\_\_\_\_
24. a.) Does listed horse(s) travel to be bred or breed?  Yes  No. Details: \_\_\_\_\_

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. (See separately attached Fraud Warnings for your State's specific wording).

I understand, and agree to, IMMEDIATELY NOTIFY the Company upon any injury, illness, surgery, disease or death of an animal, and further that other reporting time conditions apply in the event of a claim hereunder. I also understand that in the event of the death of an insured horse, a postmortem exam by a qualified veterinarian must be provided at my expense.

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer/Company and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute and Company be released from any liability in connection with the claim.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Code #: **6100039** Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Plan Options:**  Direct bill (\$5 per installment fee applies)  
 Annual Pay  Semi-Annual (\$500 or greater)  Quarterly (\$1,000 or greater)  Monthly (10 pmts; \$1,200 or greater)  
 (100%) (50%/50%) (40% down/3 installments) (25% down/9 installments)

**Praetorian Insurance Company**  
**Statement Of Health for Equine Mortality**  
 (Insured's completion of Application does not bind Company to risk.)

Named Insured – Full Name(s)/DBA: \_\_\_\_\_  
 Individual     Joint Venture     Organization     Corporation     Partnership     Syndication

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

**\*\*One horse per Statement of Health Form. Please make additional copies as needed for additional horses.\*\***

Name & Reg. #/Tattoo	Breed	Age	Color	Sex	Sire/Dam

In Care Of: \_\_\_\_\_ Location of animal(s): \_\_\_\_\_

Current and/or Intended Use: \_\_\_\_\_ How long have you owned the horse? \_\_\_\_\_

1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended?  Yes     No  
 If No, please explain: \_\_\_\_\_

2. Does the horse have any pre-existing conditions or history of lameness due to conformational problems or birth defects, injury, illness or disease, or physical disability including but not limited to: Laminitis/Founder, Osteochondrosis, neurological disorders i.e. HYPP, EPM, Navicular Disease and/or Degenerative Joint Disease?  Yes     No  
 If Yes, please explain: \_\_\_\_\_

3. Has the horse had any colic, impaction, colic surgery or intestinal disorders within the last 36 months?  Yes     No  
 If Yes, please explain: \_\_\_\_\_

4. Has the horse ever been nerved or received any diagnostic or surgical treatment for lameness?  Yes     No  
 If Yes, please explain: \_\_\_\_\_

5. Has the horse been examined or treated by a veterinarian for other than routine care within the 12 months?  Yes     No  
 If Yes, please explain: \_\_\_\_\_

6. Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 12 months?  Yes     No  
 If Yes, why and what were the results? \_\_\_\_\_

7. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months?  Yes     No  
 If Yes, please explain: \_\_\_\_\_

8. For Qtrs/Apps/Paints, has the horse been tested for HYPP?  Yes  No    Results?:  N/N     N/H  
 H/H     N/A

9. Has the horse(s) received regular semi-annual Influenza, Rhino Pneumonitis, and West Nile Virus and annual Tetanus, Eastern and Western Equine Encephalitis inoculations and remained on its' regular de-worming program?  Yes  No

10. Is the animal due to foal any time during the proposed policy period?  Yes  No

If yes, foaling date: \_\_\_\_\_;  
Explain any history of unsatisfactory breeding: \_\_\_\_\_

11. Was a pre-purchase exam done? (If yes, please attach a copy)  Yes  No

**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. See separately attached Fraud Warnings for your State's specific wording.**

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute.

\_\_\_\_\_  
Signature of owner(s) of above named animal

\_\_\_\_\_  
Date (must be no more than 30 days prior to policy effective date)

**TN, VA, 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 include imprisonment, fines and denial of insurance benefits." (TN ST s 56-53-111) (VA ST s 52-40) (RCW 48.135.080)

**OR, TX** "Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law"

# PRAETORIAN INSURANCE COMPANY VALUE SUBSTANTIATION (JOV)

Name Insured: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Horse's Use/Level: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Purchased From: \_\_\_\_\_

*(Please note, you need only provide as much documentation as needed to substantiate the Current Fair Market Value. If Agreed Value is being requested then documentation of purchase must be provided in addition to this supplemental form.)*

**PERFORMANCE RECORD** *(Breed Association Show Records required if show earnings are part of value justification.)*

Show/Competition Rating/Level	Date	Class/Div.	# Entries	Placing	Winnings (\$)	Points

Other additional information: \_\_\_\_\_

**TRAINING RECORD** *(Outside training fees only. No board, Vet, Ferrier, transportation or other charges to be included.)*

Name of Trainer / Location	Training Dates	\$/month	Training Use &/or Competition

Other additional information: \_\_\_\_\_

**STALLION QUESTIONS** *(Attach Registry Association's Breeding Report if necessary. Exclude Re-breeds in current season bookings.)*

Stud Fee (Current)	Mares Bred (Prior Season)	Mares Booked (Current Season)	Bookings (Next Season)	Average Foal Sales Price	Stud Fee Income (Prior Full Season)
\$	#	#	#	\$	\$

Produce (Include offspring performance records): \_\_\_\_\_

**BROODMARE QUESTIONS** *(Attach separate sheet if necessary.)*

Stallion name in-foal to	Due Date	Stud fee Paid	Average Foal Sales Price
		\$	\$

Produce (Include offspring performance records): \_\_\_\_\_

**FOAL/WEANLING/YEARLING QUESTIONS**

Sire Name	Dam Name	Stud Fee Paid
		\$

Sale prices and/or performance records of full/half siblings: \_\_\_\_\_

**I understand and agree that the above proposed insured horse's amount is a current fair market value. I understand this determination is solely my responsibility and furthermore understand and agree that the current above named horse's fair market value may vary depending on, and not limited to, age and change of use and that the Insurer reserves the right to establish the value by appraisal.**

\_\_\_\_\_  
Signature of owner (s) of above named animal Date<sup>1</sup>

**VETERINARY CERTIFICATE OF EXAMINATION**

The horse being examined for insurance should be moved about outside of the stall and viewed from front and back to demonstrate conformational issues, soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and possible presence of contagious disease. **If Loss of Use coverage is desired by the horse owner please secure LOU Supplemental App. from Agent.**

**TO THE VETERINARIAN:** Horses with a history of colic, disease, founder, nerving, or lameness may not be insurable. If there is evidence or knowledge of these problems, please provide all details or Medical History. I, \_\_\_\_\_ do certify that I am a graduate Veterinarian holding a current license to practice in the state of \_\_\_\_\_ with current license # \_\_\_\_\_ and that I have this date examined.

**\*\*One horse per Veterinary Certificate. Please make additional copies as needed for additional horses.\*\***

Name & Reg. #/Tattoo	Breed	Age	Color	Sex	Sire/Dam

Owned By: \_\_\_\_\_ Location of animal(s): \_\_\_\_\_

- |   | Yes   | No    |
|---|-------|-------|
| 1. Pulse & Respiratory normal?  | _____ | _____ |
| 2. Temperature normal?  | _____ | _____ |
| 3. Eyes clinically normal?  | _____ | _____ |
| 4. Heart auscultated & found normal?  | _____ | _____ |
| 5. History or evidence of bleeder?  | _____ | _____ |
| 6. History or evidence of nerving?  | _____ | _____ |
| 7. Ever been treated for navicular disease, arthritis laminitis/founder?              | _____ | _____ |
| 8. Any indication or history of lameness and/or faulty conformation?                  | _____ | _____ |
| 9. Any maintenance, therapeutic or treatment medications? Yes, explain below          | _____ | _____ |
| 10. Evidence of firing or blistering?   | _____ | _____ |
| 11. Subject to or any history of gastrointestinal/digestive/colic disorders?          | _____ | _____ |
| 12. Has any surgery been performed? If yes, attach details on separate page.          | _____ | _____ |
| 13. If any surgery performed, has horse fully recovered?                              | _____ | _____ |
| 14. Is there likelihood of future danger to life or limb as a result of such surgery? | _____ | _____ |
| 15. If male, are both testicles evident? Date castrated? _____                        | _____ | _____ |
| 16. If female, is she reported in foal? If in foal, give due date: _____              | _____ | _____ |
| 17. Any conditions detrimental to satisfactory breeding?                              | _____ | _____ |
| 18. History/evidence of neurologic? If yes, Disease _____ Date: _____ Results: _____  | _____ | _____ |
| 19. Any Congenital Disease?   | _____ | _____ |
| 20. Date of last coggins? _____ Results: _____  | _____ | _____ |

- |  | Yes   | No    |
|--|-------|-------|
| 21. Has above horse remained on a consistent, effective de-worming program at least every 90 days?               | _____ | _____ |
| 22. Are semi-annual influenza, rhino pneumonitis and WNV and annual tetanus, EEE & WEE up to date?               | _____ | _____ |
| 23. Any indication of infectious disease?  | _____ | _____ |
| 24. Contagious disease on premises or in area?   | _____ | _____ |
| 25. Any clinical evidence of objectionable vices or habits?  | _____ | _____ |
| 26. Is stabling and/or fencing adequate?   | _____ | _____ |
| 27. Are you the usual Veterinarian? How long – mos/ys? _____   | _____ | _____ |
| 28. Have you discussed the horse's health history with the owner or caretaker?                                   | _____ | _____ |
| 29. Has a complete pre-purchase or soundness exam been performed within the past 90 days? (If yes, provide copy) | _____ | _____ |

**For foals 24 hours to 90 days of age, you must also complete the following questions:**

- |   |       |       |
|---|-------|-------|
| 30. Birth normal with no complications? If no, please attach details on separate page.                | _____ | _____ |
| 31. Pulse strong and normal?  | _____ | _____ |
| 32. Respiratory regular & completely clear?   | _____ | _____ |
| 33. Normal urination & bowel movement?  | _____ | _____ |
| 34. Has foal received any medications?  | _____ | _____ |
| 35. Is IgG normal on this date? (adequate = 800 mg/dl; partial = 400-800 mg/dl; failure = <400 mg/dl) | _____ | _____ |

Comments on any above negative responses: \_\_\_\_\_

Comment on work/use of the horse during the last six (6) months. If at rest or turned out please explain why? \_\_\_\_\_

Comment on animal husbandry or feed management concerns, propensities, conformational problems, abnormal history, evidence or any other condition that may affect the welfare, health or use of the animal: \_\_\_\_\_

**Except as noted, I certify that to the best of my knowledge the above information is correct and I believe this horse is healthy and free of any prior health conditions and lameness conditions.**

Vet Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_  
 Contact Info: \_\_\_\_\_

Exam Date: \_\_\_\_\_  
 (Application & VC must not be older than 30 days of date and time completed)