

## Horse Mortality Application – Red Pony Insurance Services, Inc.

(Completion of Application does not bind Company to risk)

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)

- |   |   |
|---|---|
| <input type="checkbox"/> Full Mortality, Theft, & ECS?<br><input type="checkbox"/> Broadening Coverage Forms?<br><input type="checkbox"/> Guar. Ext.; <input type="checkbox"/> Guar. Ren'l; <input type="checkbox"/> Agreed Value; <input type="checkbox"/> Wobblers<br><input type="checkbox"/> Intern'l Transit; <input type="checkbox"/> Worldwide***; | Limit Mortality?: <input type="checkbox"/> Restricted Peril; <input type="checkbox"/> Accident Only<br>(Optional Covers not available for Limited Peril policies) |
|---|---|

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 \$7,500:									
<input type="checkbox"/> STALLION INFERTILITY:    LOSS OF USE <input type="checkbox"/> 60% FULL; <input type="checkbox"/> 60% ACCIDENT EXTERNAL INJURY ONLY: <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 \$7,500:									
<input type="checkbox"/> STALLION INFERTILITY:    LOSS OF USE <input type="checkbox"/> 60% FULL; <input type="checkbox"/> 60% ACCIDENT EXTERNAL INJURY ONLY: <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 (If yes, Attach copy of the Lease Agreement)  
 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 > Purchase)  
 b.) Acquired from: \_\_\_\_\_

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

10. Has the listed horse(s) been previously insured?  Yes  No. If yes, provide policy expiration date, insured amount, and company's name: \_\_\_\_\_

11. Any insured or uninsured losses filed for any owned or listed above animal(s) in the last 3 years?  Yes  No. If yes, provide specifics on animal, amounts, condition, and by whom: \_\_\_\_\_

12. 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:* \_\_\_\_\_
13. Has any horse listed receive/received any medication(s) for any health or lameness condition or for performance (not including unadulterated food and drink and annual vaccinations & de-wormers)?
- a.  Yes  No? *If yes, provide more details by answering the following:*
- b.  Oral;  Subcutaneous (SQ);  Intramuscular (IM);  Intra-articular (IA);  Intravenous (IV);  Ocular (eye)? *(If Intra-articular (IA) joint injections provide Veterinarian diagnostic report confirming condition)*
- c. Medication name? \_\_\_\_\_
14. Any congenital or hereditary birth defects known to exist in horse(s) listed (neurologic, skeletal, spinal, conformational problems)?  Yes  No. *If yes, Condition and results if applicable:* \_\_\_\_\_
15. Was a Pre-Purchase Exam conducted by a veterinarian at time of purchase?  Yes  No. *(If yes, provide PPE)*

**USE & MANAGEMENT:**

16. 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? \_\_\_\_\_
17. Is/Are the horse(s) stalled, stalled with runs, or pastured?  Stalled  Stalled w/ run  Open Pasture.
18. Describe supervision & surveillance (day and night): \_\_\_\_\_
19. Is emergency transportation readily available for transport to Veterinarian care?  Yes  No
20. Name and contact information of regular Veterinarian: \_\_\_\_\_
21. 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:* \_\_\_\_\_
22. a.) How far to the closest surgical facility? \_\_\_\_\_
- b.) Is your regular Vet on staff there? \_\_\_\_\_
23. 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 - details:* \_\_\_\_\_
24. a.) How many times shipped/hailed a year? \_\_\_\_\_
- b.) Max. miles shipped each trip? \_\_\_\_\_
25. 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 #: 6110039 Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Plan Installment Options:** Agency Bill - I understand and agree to pay applicable billing fees

*(Select one)*

- Annual Pay (100%)  Semi-Annual (\$500 or greater) (50%/50%) A Billing Fee Applies  Quarterly (\$1,000 or greater) (34% down / 22% / 22% / 22%) A Billing Fee Applies

## Applicable State Insurance Fraud Clauses

### AR, LA, WV

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison." (AR ST s 23-66-503) (LA R.S. 40:1424) (WV ST 33-41-3)

**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, misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies." (CO ST s 10-1-128)

**DC** "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant." (DC ST s 22-3225.09)

**FL** "Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree." (FL ST s 817.234)

**HI** "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both." (HI ST s 431:10C-307.7)

**KY** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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." (KY ST s 304.47-030)

**ME** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company." (ME ST T. 24-A s 2186)

**NJ** "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties." (NJ ST s 17:33A-6)

**NM** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties." (NM ST s 59A-16C-8)

**NY** "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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation." (NY INS s 403 (Consol.); 11 NY ADC 86.4)

**OH** "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

**OK** "WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony." (OK ST T. 36 s 3613.1; OK ADC 365:10-1-11)

**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." (PA ST Ti. Ti. 18 P.S. s 4117)

**RI** "The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson." (RI ST s 27-54-8)

### 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**  
**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)

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# 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    |  | Yes   | No    |
|---|-------|-------|--|-------|-------|
| 1. Pulse & Respiratory normal?  | _____ | _____ | 21. Has above horse remained on a consistent, effective de-worming program at least every 90 days?               | _____ | _____ |
| 2. Temperature normal?  | _____ | _____ | 22. Are semi-annual influenza, rhino pneumonitis and WNV and annual tetanus, EEE & WEE up to date?               | _____ | _____ |
| 3. Eyes clinically normal?  | _____ | _____ | 23. Any indication of infectious disease?  | _____ | _____ |
| 4. Heart auscultated & found normal?  | _____ | _____ | 24. Contagious disease on premises or in area?   | _____ | _____ |
| 5. History or evidence of bleeder?  | _____ | _____ | 25. Any clinical evidence of objectionable vices or habits?  | _____ | _____ |
| 6. History or evidence of nerving?  | _____ | _____ | 26. Is stabling and/or fencing adequate?   | _____ | _____ |
| 7. Ever been treated for navicular disease, arthritis laminitis/founder?              | _____ | _____ | 27. Are you the usual Veterinarian? How long – mos/yr?   | _____ | _____ |
| 8. Any indication or history of lameness and/or faulty conformation?                  | _____ | _____ | 28. Have you discussed the horse's health history with the owner or caretaker?                                   | _____ | _____ |
| 9. Any maintenance, therapeutic or treatment medications? Yes, explain below          | _____ | _____ | 29. Has a complete pre-purchase or soundness exam been performed within the past 90 days? (If yes, provide copy) | _____ | _____ |
| 10. Evidence of firing or blistering?   | _____ | _____ | <b>For foals 24 hours to 90 days of age, you must also complete the following questions:</b>                     |       |       |
| 11. Subject to or any history of gastrointestinal/digestive/colic disorders?          | _____ | _____ | 30. Birth normal with no complications? If no, please attach details on separate page.                           | _____ | _____ |
| 12. Has any surgery been performed? If yes, attach details on separate page.          | _____ | _____ | 31. Pulse strong and normal?   | _____ | _____ |
| 13. If any surgery performed, has horse fully recovered?                              | _____ | _____ | 32. Respiratory regular & completely clear?  | _____ | _____ |
| 14. Is there likelihood of future danger to life or limb as a result of such surgery? | _____ | _____ | 33. Normal urination & bowel movement?   | _____ | _____ |
| 15. If male, are both testicles evident? Date castrated?                              | _____ | _____ | 34. Has foal received any medications?   | _____ | _____ |
| 16. If female, is she reported in foal? If in foal, give due date:                    | _____ | _____ | 35. Is IgG normal on this date? (adequate = 800 mg/dl; partial = 400-800 mg/dl; failure = <400 mg/dl)            | _____ | _____ |
| 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: _____  | _____ | _____ |  |       |       |

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)