

**Insurance Corporation of Hannover**  
 203 South 18<sup>th</sup> Street, Suite 710  
 Omaha, NE 68102  
 (800) 324-0269 Watts Fax (402) 345-4401

Desired Eff. Date: \_\_\_\_\_

- Optional Coverage - Attach Supp. App.**
- Full Mortality/Theft
  - Restricted Perils
  - Accident Only
  - Agreed Value
  - Major Medical
  - Surgical
  - \$5,000
  - \$7,500
  - Loss of Use
  - Stallion Infertility
  - Guaranteed Renewal
  - Emerg. Colic Surg.
  - Transit
  - Worldwide

**APPLICATION FOR HORSE MORTALITY INSURANCE**

This is NOT a binder

(TO BE COMPLETED BY THE INSURED)

NAME OF OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 New Policy?  Add to existing policy? If so, Policy No. H61 BIRTH DATE: \_\_\_\_\_  
 Add'l Insd./Loss Payee/Lessor/Lessee? \_\_\_\_\_ Percent Interest? \_\_\_\_\_

\*Use the following codes to indicate sex of animal: **M - Mare; F - Filly; C - Colt; S - Stallion; G - Gelding**

Horse # 1 Name & Registration #	Sex	Breed	Date of Birth	Exact Use & Function	Amount of Insurance Desired
Sire				Purchased From	Rate
Dam					

- State nature of any illness or injury to above animal(s) in last 36 months. \_\_\_\_\_
- Have any horses owned by you died in the last 36 months? \_\_\_\_\_ Date: \_\_\_\_\_ Cause: \_\_\_\_\_
- Is this animal presently or has it previously been insured? \_\_\_\_\_ If yes, give expiration date, exact insured amount and company's name: \_\_\_\_\_
- Method of worming used? \_\_\_\_\_ How often? \_\_\_\_\_
- Describe your feeding & supplement program during specific seasons of the year as well as during the show/competition or breeding seasons.  
 Summer feed: \_\_\_\_\_  
 Winter feed: \_\_\_\_\_  
 Breeding/Competition feed: \_\_\_\_\_
- Name of person having care, custody and control of horse if other than the named insured: \_\_\_\_\_  
 Address and telephone # \_\_\_\_\_
- Do you understand that immediate notification is required by telephone of any illness, injury, surgery, disease or death or your claim may be denied, and do you agree to do so? \_\_\_\_\_
- If you are insuring your horse for more than the purchase price, the amount of insurance must be justified by show record, training expenses incurred since the purchase of this animal, race winnings, stud fee paid if mare is in foal, etc. Please give complete information to justify value: \_\_\_\_\_
- Name, address and telephone number of your usual veterinarian \_\_\_\_\_
- Does the above listed animal(s) travel outside of the continental United States or Canada? \_\_\_\_\_ Where? \_\_\_\_\_

**FRAUD CLAUSE**

We do not provide coverage for any insured who has made fraudulent statements or engaged in fraudulent conduct in connection with any loss or damage for which coverage is sought under this policy.

- AR** Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime & may be subject to fines & confinement in prison:
- FL** 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.
- KY** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
- ME** 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, or denial of insurance benefits.
- 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
- 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.
- VA** 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.

**NOTICE OF INSURANCE INFORMATION PRACTICE**

Personal information about you may be collected from persons other than you, which may include credit information. You have the right to review your personal information in our file 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 instruction on how to submit a request to us.

I-We certify that the information shown on this application is true and correct.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_ (No trainers or agents)

Agent Name (Print): \_\_\_\_\_ Agent Signature: \_\_\_\_\_

Agency Code # \_\_\_\_\_ Agent's License # \_\_\_\_\_

- Payment Plan Options:**  Annual Payment
- Semi-Annual (premiums \$500 or greater)
- Quarterly (premiums \$1,000 or greater)

# 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 soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and possible presence of contagious disease.

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 time and date examined:

(1) Name of horse: \_\_\_\_\_ Approximate age: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_  
 (2) Owned by: \_\_\_\_\_

	YES	NO		YES	NO
(3) Pulse and respiration normal? .....	_____	_____	(19) History or evidence of lameness?.....	_____	_____
(4) Temperature normal? .....	_____	_____	(20) Evidence of firing or blistering?.....	_____	_____
(5) Eyes clinically normal? .....	_____	_____	(21) Is the stabling adequate?.....	_____	_____
(6) Heart auscultate and found normal.....	_____	_____	(22) Contagious disease on premises or in area that post threat to animal? .....	_____	_____
(7) History or evidence of bleeder? .....	_____	_____	(23) Results of last fecal examination .....	_____	_____
(8) History or evidence of nerving? .....	_____	_____	On this date .....	_____	_____
(9) History or evidence of laminitis? .....	_____	_____	(24) Date last wormed?.....	_____	_____
(10) Has any surgery ever been performed? .....	_____	_____	(25) Are you the usual veterinarian for applicant? .	_____	_____
(11) Has horse been castrated?.....	_____	_____	And for how long?.....	_____	_____
Date .....	_____	_____	<b>Additional for foals under 150 days of age:</b>		
(12) If male, are both testicles evident? .....	_____	_____	(26) Was birth normal with no complications? .....	_____	_____
(13) If female, is she reported in foal?.....	_____	_____	(27) Foal stand and nurse normally? .....	_____	_____
Due date .....	_____	_____	(28) Pulse strong and normal?.....	_____	_____
(14) Previous foaling problems? .....	_____	_____	(29) Respiration regular and completely clear? .....	_____	_____
(15) Subject to or previous history of colic? .....	_____	_____	(30) Has foal received any medication?.....	_____	_____
(16) Any digestive disorder past or present? .....	_____	_____	(31) CBC normal on this date?.....	_____	_____
(17) Any indication of infection or disease? .....	_____	_____	(32) IgG Test: Method _____ Results _____	_____	_____
(18) Any history or symptoms detrimental to.....	_____	_____	(33) Nursing natural mother? .....	_____	_____
Satisfactory breeding? .....	_____	_____			

(34) HYPP test results \_\_\_\_\_

(35) Date of last Coggins \_\_\_\_\_ Results \_\_\_\_\_

(36) Have the above animal(s) remained on a consistent, effective deworming program at least every 90 days?  Yes  No  
 and have the above animal(s) had at least semi annual influenza and rhino pneumonitis inoculations?  Yes  No  
 and have had annual Tetanus, Eastern and Western Equine Encephalitis and West Nile Virus inoculations  Yes  No

(37) Explain any abnormal history, evidence or any other condition that may affect the health, welfare or use of the animal.  
 (Use separate sheet if necessary) \_\_\_\_\_

(38) Comment on whether the seasonal feeding and supplement program is conducive to the territory and use of the animal and whether program may contribute to gastrointestinal disorders: \_\_\_\_\_

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 sound.

## Examination

Date of time: \_\_\_\_\_  
 Telephone #: (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

Please send:  Additional applications

Information regarding coverage available.

**Application and Veterinary Certificate of Examination must be postmarked within 15 days of date and time completed.**

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