

## APPLICATION FOR BARRENNESS/PROSPECTIVE FOAL INSURANCE

Name of Assured \_\_\_\_\_

Address \_\_\_\_\_

Name and Registration Number Of Mare	Age	Breeding Record	Sum Insured Desired

Stallion	Age	Stud Fee	Fertility Rate Last Breeding Season

**Fraud Warning Statement:**

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.

- 1) Is the mare a maiden mare? Yes \_\_\_\_ No \_\_\_\_
- 2) Has the Mare had any foaling complication in the last 36 months? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details. \_\_\_\_\_
- 3) Has the Mare failed to carry to term any foals? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide detailed explanation. \_\_\_\_\_
- 4) Is this mare an embryo recipient mare? Yes \_\_\_\_ No \_\_\_\_ How many? \_\_\_\_\_
- 5) How long since embryo was transplanted to the recipient mare? \_\_\_\_\_
- 6) Where will the Mare be located when she leaves the breeding farm and during the gestation period? \_\_\_\_\_
- 7) Where will the Mare be located when she foals down? \_\_\_\_\_
- 8) Have any of the Mare's Foals failed to live to 12 months after birth? \_\_\_\_\_  
If yes, please provide details. \_\_\_\_\_
- 9) This Application for Barrenness/Prospective Foal coverage shall constitute, along with the policy, the entire contract between the Insured and Company. All statements contained in the application shall, be deemed representations and may prevent recovery under the contract or policy if:
  - a. The misrepresentation, omission, concealment, or statement is fraudulent or is material either to the acceptance of the risk or to the hazard assumed by the company.
  - b. If the true facts had been known to the company pursuant to a policy requirement or other requirement, the Company in good faith would not have issued the policy or contract, would not have issued it at the same premium rate, would not have issued a policy or contract in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date