

Fredricksen Insurance Services
1600 E. Florida Ave., Suite #208
Hemet, CA 92544-8637

PHONE: (800) 669-4347
PHONE: (951) 929-5845
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**EQUINE/MORTALITY
RENEWAL APPLICATION**

<i>NAME:</i>						
<i>ADDRESS:</i>						
<i>TELEPHONE:</i>				<i>FAX:</i>		
<i>COMPANY:</i>				<i>RENEWAL OF POLICY #:</i>		
<i>RATE:</i>			<i>EFFECTIVE DATE:</i>		<i>PREMIUM:</i> \$	
<i>TERMS:</i>						
<i>NAME OF ANIMAL</i>	<i>AGE</i>	<i>SEX</i>	<i>BREED</i>	<i>USE</i>	<i>SIRE/DAM</i>	<i>VALUE</i>
<i>Purchase Price:</i> _____ <i>Purchase Date:</i> _____						
1. To my/our knowledge, has any animal undergone any operations or been afflicted with any disease, sickness or injury during the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.						
<i>Notes:</i>						
2. Please give present location of animal(s) and in whose care they will be:						
3. Have all horses listed received the West Nile Virus Vaccination? Yes ___ No ___						

All values exceeding \$100,000.00 require veterinarian certificate.

Current Justification of Value is required on all horses to be renewed.

Except as noted above, I hereby represent and declare the animal described above to be in sound health and free from any illness, lameness, injury or physical disability, to the best of my knowledge.

I understand and agree that the policy to be issued herein shall be founded entirely upon the representations and statements contained in this application and if anything be falsely stated or information withheld to influence the Company's decision, the insurance contract will be non-binding and invalid. It is agreed that this insurance shall not be in force or in effect until and unless this application has been accepted by underwriters.

DATED: _____

SIGNED: _____