

MORTALITY INSURANCE APPLICATION (for coverages added mid-term)

Ogden Insurance Agency, Inc
P.O. Box 230, Petersburg, IL 62675

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Name and Address of Owner: _____

Telephone: () _____

Fax Telephone: () _____

Broker's Name: _____

Policy Number: _____ Desired Effective Date _____

Name of Horse	Breed	Sex*	Exact Use	Level	Date of Birth	Purchase Date	Purchase Price	Insured Amount** †
A.								
B.								

* G-Gelding, M-Mare, S-Stallion † Insured amount should not exceed the horse's current fair market value.

1. Are you the sole owner of the horses? If not, list owners.
2. List any other party, bank, or lien holder to be named in the policy.
3. Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months?
4. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the company's acceptance of the proposed risk?
5. Do you understand that immediate notice must be given to the Company upon any injury, illness, operation, disease, or death of an insured horse?
Yes (check)

Statement of Health (Please include a current vet exam for all horses valued over \$50,000)

1. Are all horses currently sound and healthy for the use intended? Yes No
2. For all Quarter Horses, Appaloosas, or Paint horses.
 Does any horse have an ancestor known to carry HYPP? Yes No
 If "Yes" is answered, please indicate the horse and HYPP status. (Circle one.) N/N N/H H/H
 (Note: Coverage will not be considered without the disclosure of HYPP status.)
3. Does any horse have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative joint disease? Yes No
4. Has any horse had any colic or intestinal disorder within the last 36 months? Yes No
5. Has any horse been nerved or received any surgical treatment for lameness? Yes No
6. Has any horse been examined or treated by a veterinarian for other than routine care within the last year? Yes No
7. Has any horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No
8. Has any horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No
9. Does any horse receive any other medications/supplements? Yes No
10. Are there any other current or prior health conditions to which any horse has been exposed? Yes No
11. Will any horse be outside the continental United States or Canada during the coverage period? Yes No

Details of all "Yes" answers to questions 3-11: _____

Specify the Mortality Coverage Desired
 (select one or the other for each horse)

Horse:	A	B	C	D	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Mortality Coverage (Standard Full mortality coverage includes Colic Surgery, Guaranteed Extension, and Value coverages.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Named Perils Coverage

Additional Coverages Available to horses covered for Full Mortality

Horse:	A	B	C	D	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical and Surgical (annual limit \$7,500, not to exceed the horse's insured mortality limit) – PREMIUM IS FULLY EARNED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical and Surgical (annual limit \$10,000) – PREMIUM IS FULLY EARNED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Only – PREMIUM IS FULLY EARNED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colic Medical and Surgical – PREMIUM IS FULLY EARNED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Loss of Use (Plan A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External Injury Only Loss of Use (Plan B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stallion Infertility for A, S & D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Third Party Liability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Territorial Limits, Including International Transit (Must complete question 11 above) – PREMIUM IS FULLY EARNED

DECLARATION

I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the Policy to be issued, and I declare to the best of my knowledge and belief that the above statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and if anything be falsely stated or information withheld to influence the Company's decision, the insurance contract will be null and void.

 Signature of owner(s) of above named animals

Date: _____
 (must be no more than 30 days prior to policy effective date)