

**ANIMAL MORTALITY APPLICATION
for Species Other Than Horses and Cattle**



(Minimum Earned Policy Premium \$250.00)

Producer's Name _____	Applicant's Name _____
Agency Code _____	Mail Address _____
Mail Address _____	City, ST Zip _____
City, ST Zip _____	Phone _____
Phone _____	Fax _____
Fax _____	E-Mail Address _____
E-mail Address _____	Policy Term Desired (maximum term 12 months): _____

Individual Partnership Corporation Joint Venture Limited Liability Corp. Other _____

Proposed Effective Date: _____ New Policy Endorsement _____ (Policy Number)
 (Coverage begins on the date of acceptance by the Company)
 Installment Payment Plans? Yes No
 (Available on Premiums over \$500)

Animal Name	Date of Birth	Date of Purchase	Purchase Price (or stud fee if raised)	Requested Limit of Insurance		
<u>Identification</u> (Sire/Dam, Registration#, Tattoo#, or Pictures if unregistered)		<u>Sex</u> (Male, Female or Neutered)	<u>Species</u>	<u>Breed</u>	<u>Use</u>	
<u>Primary Housing Location:</u>						

All Limits of Insurance are subject to company approval.

For a Requested Limit of Insurance that does not equal the Purchase Price, complete and attach a **Substantiation of Value.**

Type of Coverage Requested:

Mortality - Full Mortality - Limited Aggregate Deductible Other _____

1. Will the animal be observed and cared for daily? If No, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has animal listed received treatment for an accident, injury, sickness, disease, lameness or bloat in the last 12 months? If Yes, provide complete details including occurrence date(s). _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other than for routine care, is the animal listed receiving regular treatment, medication or supplements? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will animal be transported during the coverage period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the animal due to give birth any time during the requested Policy Period? If Yes, please give: Estimated Birthing Date: _____; Number of Previous Births: _____; Breeding fee: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the animal listed suffered from a prolapsed uterus or experienced any other birthing difficulties? If Yes, please provide details below. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has there been any illness, injury or death to any other animal owned by you in the past 36 months that were covered by mortality insurance or not? If Yes, please provide details below. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the animal is kept? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has any insurance carrier ever canceled, non-renewed or refused to insure any animal in which the applicant has or had an insurable interest? If Yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there any other insurance on the animal? If Yes, provide the carrier name: _____ Expiration date: _____ Amount of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the animal listed leased to others? If Yes, please attach a copy of the Lease Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

