



# Equine Mortality Application -QBE

(Minimum Earned Policy Premium \$250.00)

Foy Insurance	Applicant Name:
PO Box 1030	Street Address:
Exeter, NH 03833-1030	City, State & Zip:
603-772-4781	Phone:
603-772-3246 (Fax)	Fax:
Jade.Stanbrook@FoyInsurance.com	Email:

Individual    Partnership    Corporation    Joint Venture    LLC    Other \_\_\_\_\_

**Proposed Effective Date:** \_\_\_\_\_    New Policy    Installment Payment Plan?    YES    NO  
 (Coverage begins on the date of acceptance by the company)    Endorsement \_\_\_\_\_    (Available on Premiums over \$500)

A. Animal Name	Date of Birth	Date of Purchase	Purchase Price (or stud fee if raised)	Requested Limit of Insurance (Mortality)
<b>Identification</b> (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)			<b>Sex</b> (Stallion, Mare, Colt, Filly, Gelding)	<b>Breed</b> <b>Use</b>
<b>Primary Stable Location:</b>				
B. Animal Name	Date of Birth	Date of Purchase	Purchase Price (or stud fee if raised)	Requested Limit of Insurance
<b>Identification</b> (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)			<b>Sex</b> (Stallion, Mare, Colt, Filly, Gelding)	<b>Breed</b> <b>Use</b>
<b>Primary Stable Location:</b>				

**All Limits of Insurance are subject to company approval.**

		<b>Type of Coverage Requested:</b>			
A	B	A	B	A	B
	Mortality - Full Extention Endorsement Renewal Protection Agreed Value Endorsement Accident Only		Major Medical \$5,000 Major Medical \$7,500 Major Medical \$10,000 Surgical \$7,500 Limit Stallion Infertility (ASD)		Loss of Use Mortality Loss of Use-Limited Elective Surgical Transit (worldwide) Other _____
<b>Horse A</b> <b>Horse B</b>					
Y    N                      Y    N					
1.	Was a pre-purchase exam completed? If Yes, a copy of the examination results may be requested by the Company.				
2.	Has the horse been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, or other than routine care within the last year?				
3.	Is the horse currently free of lameness and healthy without the use of drugs?				
4.	Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months?				
5.	Does the horse have any past conformational problems or defects, illness or disease, lameness, or injury or physical disability including, but not limited to: laminitis/founder, OCD, neurological disorders (e.g. EPM) navicular disease and/or degenerative joint disease?				
6.	Has the horse been nerved or received any treatment for lameness?				
7.	Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months?				
8.	Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 36 months?				
9.	Is the horse due to foal any time during the requested Policy Period? If Yes, please give: Estimated Foaling Date:                      ;    Number of Previous Foals:                      ;    Stud fee:				
10.	Has the horse ever experienced birthing difficulties? (Mares only)				
11.	Who was each horse acquired from: _____				

12. Are you the sole owner of the horses? YES NO If no- provide other owner's % of interest, name and address: \_\_\_\_\_

13. Loss Payee(s): \_\_\_\_\_

14. If the Purchase price was not paid entirely in cash, please describe the transaction in detail \_\_\_\_\_

15. Is the horse(s) leased to others? YES NO If yes, provide a copy of the lease(s)

16. Is there any other insurance on the horses? YES NO  
 Has the horse(s) been previously insured? YES NO  
 \* If yes to either question provide the carrier name \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

17. Any congenital or hereditary birth defects known to exist in horse(s) listed (neurologic, skeletal, spinal, conformational problems ?  
 YES NO If yes, condition: \_\_\_\_\_  
 Date Tested \_\_\_\_\_ Results \_\_\_\_\_

18. Any losses or insurance claims filed for non-insured owned or listed above animal(s) in the past 3 years? YES NO  
 If yes, give date, cause of loss, health condition, value of animal or amount of paid claim: \_\_\_\_\_

**USE & MANAGEMENT**

19. a) Personel having the care, custody or control of listed horse(s)? \_\_\_\_\_  
 b) Location where listed horse(s) will be boarded? \_\_\_\_\_  
 c) Years experience of personel listed above? \_\_\_\_\_  
 d) Are premises suitable and safe-guarded for horses? \_\_\_\_\_

20. Is horse(s) stalled, stalled with run-in or pastured? \_\_\_\_\_

21. Name and contact information of regular Veterinarian \_\_\_\_\_

22. Does a program exist and do listed horse(s) receive regular semi-annual Influenza, Rhino Rneumonitis and West Nile Virus and annual tetanus, Eastern and Western Equine Encephalitis, recommended inoculations and remained on a regular de-worming program administered, supervised or recommended by your veterinarian? \_\_\_\_\_

23. **I understand, and agree to, IMMEDIATELY NOTIFY the Company upon any injury, illness, surgery, disease or death of an animal, and futher that other reporting time conditions apply in the event of a claim hereunder. I also understand that in the event of the death of an insured horse, a postmortem exam by a qualified veterinarian must be provided at my expense. YES NO**

Please provide details for any "Yes" answers to questions 2,4,5,6,7,8,10 and any "No" answers to questions 3 and 23:

\_\_\_\_\_

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\_\_\_\_\_

**I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer/Company and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute and Company be released from any liability in connection with the claim.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Code #: \_\_\_\_\_ Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicable State Insurance Fraud Clauses

### AR, LA, WV

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” (AR ST s 23-66-503) (LA R.S. 40:1424) (WV ST 33-41-3)

**CO** “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.” (CO ST s 10-1-128)

**DC** “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.” (DC ST s 22-3225.09)

**FL** “Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.” (FL ST s 817.234)

**HI** “For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.” (HI ST s 431:10C-307.7)

**KY** “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.” (KY ST s 304.47-030)

**ME** “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.” (ME ST T. 24-A s 2186)

**NJ** “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.” (NJ ST s 17:33A-6)

**NM** “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.” (NM ST s 59A-16C-8)

**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.” (NY INS s 403 (Consol.); 11 NY ADC 86.4)

**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.”

**OK** “WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.” (OK ST T. 36 s 3613.1; OK ADC 365:10-1-11)

**PA** “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 subjects such person to criminal and civil penalties.” (PA ST Ti. Ti. 18 P.S. s 4117)

**RI** “The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.” (RI ST s 27-54-8)

### TN, VA, WA

“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.” (TN ST s 56-53-111) (VA ST s 52-40) (RCW 48.135.080)

**OR, TX** “Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law”