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LIVESTOCK MORTALITY APPLICATION

(Application and all supporting documents must be received within 15 days of completion)

<input type="checkbox"/> NEW BUSINESS	DESIRED EFFECTIVE DATE _____	AGENT CODE _____
<input type="checkbox"/> RENEWAL OF POLICY	_____	
<input type="checkbox"/> ADD COVERAGE TO POLICY	_____	

COMPLETE & SIGN REVERSE SIDE

NAME OF APPLICANT _____	BUSINESS PHONE _____
ADDRESS _____	HOME PHONE _____
CITY/STATE/ZIP _____	FAX _____
SOCIAL SECURITY # _____	EMAIL _____

COVERAGE REQUESTED: CHECK IF APPLICABLE

CHECK MUST ACCOMPANY APPLICATION
 (Minimum Policy Premium Applies)

ANNUAL PREMIUM _____
DOWN PAYMENT REQUIRED _____

<input type="checkbox"/> Mortality & Theft <input type="checkbox"/> Guarantee Extension - Mortality * <input type="checkbox"/> Colic Surgery Expense Endorsement * _____ Limit <input type="checkbox"/> Major Medical * _____ Limit <input type="checkbox"/> Surgery Only * _____ Limit <input type="checkbox"/> Colic Medical & Surgical * _____ Limit	<input type="checkbox"/> External Loss of Use ** (Available for Specific Show Use) <input type="checkbox"/> Full Loss of Use ** (Available for Specific Show Use) <input type="checkbox"/> Stallion Accident, Sickness, Disease Infertility *** <input type="checkbox"/> Specified & Optional Perils Only <input type="checkbox"/> Transit & Territorial Extension <input type="checkbox"/> Race Horse Emergency Surgery _____ Limit
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- * Subject to age, use & value requirements. (Horses with prior history of colic surgery not eligible for the emergency colic surgery expense)
- ** Loss of Use - Specific Veterinary Report Required - Subject to certain show use eligibility requirements.
- *** Breeding Stallions Only - Supplemental Application Required

Veterinarian must complete examination form for Mortality insurance on horses valued above \$50,000 or under 30 days of age and over 17 years and horses used for racing. Foals under 30 days of age require a specific foal vet report.

Health Statement signed by insured will be accepted for Mortality insurance on horses valued up to \$50,000, age 30 days through 17 years, and if not used for racing. Subject to prior adverse health history.

INSTRUCTIONS: All questions must be answered.

1. Use these codes for sex of animal: M-Mare, S-Stallion, F-Filly, C-Colt, G-Gelding, R-Ridgeling.
2. Any request for insurance higher than purchase price is subject to company acceptance and complete justification of value.
3. Complete Justification of Value form.

HORSE A						
Name & Registration/Tattoo Number		Breed	Age	Date of Birth	Sex	
Exact or Intended Use		Show use must specify exact description (example: halter, western pleasure, dressage, show jumper, etc.)				
Homebred (provide stud fee to produce foal)		If Mare, is she in foal or being bred?	Stallion	Stud Fee Paid	Rate (Co. Use Only)	
Purchase Price	Purchase Date	Amt. of Insurance Desired	For All AQHA, Paints & Appaloosas Any ancestor known to carry HYPP?		Horse tested for HYPP? Results: N/N N/H H/H	
HORSE B						
Name & Registration/Tattoo Number		Breed	Age	Date of Birth	Sex	
Exact or Intended Use		Show use must specify exact description (example: halter, western pleasure, dressage, show jumper, etc.)				
Homebred (provide stud fee to produce foal)		If Mare, is she in foal or being bred?	Stallion	Stud Fee Paid	Rate (Co. Use Only)	
Purchase Price	Purchase Date	Amt. of Insurance Desired	For All AQHA, Paints & Appaloosas Any ancestor known to carry HYPP?		Horse tested for HYPP? Results: N/N N/H H/H	
HORSE C						
Name & Registration/Tattoo Number		Breed	Age	Date of Birth	Sex	
Exact or Intended Use		Show use must specify exact description (example: halter, western pleasure, dressage, show jumper, etc.)				
Homebred (provide stud fee to produce foal)		If Mare, is she in foal or being bred?	Stallion	Stud Fee Paid	Rate (Co. Use Only)	
Purchase Price	Purchase Date	Amt. of Insurance Desired	For All AQHA, Paints & Appaloosas Any ancestor known to carry HYPP?		Horse tested for HYPP? Results: N/N N/H H/H	

ANSWER QUESTIONS ONLY FOR HORSES TO BE INSURED UNDER THIS APPLICATION & SPECIFY WHICH HORSE: A, B, OR C

1. Are you the sole owner? _____ If no, provide name and address of anyone else who has a financial interest in the horses to be insured _____
2. Are horses financed? _____ Are horses leased? _____ **If yes to leased, provide copy of lease agreement**
If yes to either financed or leased, provide name and address of Loss Payee to be named on the policy _____
3. Usual location of horse(s) Stable/Farm name and address _____
Telephone Number _____ Contact Person _____
4. Do you plan to relocate any horse(s) for breeding/training/marketing during the policy term? _____ Provide stable/farm name, address & phone _____
5. Any contagious disease on the premises during the past 12 months? _____ Provide details _____
6. State name, full address, and phone number of your usual veterinarian for the horses proposed _____
7. State name and full address of your usual equine hospital or referral center _____
8. Do horses have any stable vices or vicious habits? _____ If yes, explain _____
9. Give full details **including date** of any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: OCD, neurological disorders, navicular disease, and/or degenerative joint disease _____
10. Have horses been nerved or received any surgical treatment for lameness? _____ If yes, explain and **provide dates** of treatment _____
11. Give details of any colic or intestinal disorder past or present, and **provide date** _____
12. Have horses been examined or treated by a veterinarian for other than routine care? _____ If yes, explain & **provide date** _____
13. Have any horses undergone diagnostic ultrasounds, X-rays, or bone scans? (other than for breeding) _____ If yes, what were the results and **date of test?** _____
14. Have any horses received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? _____
If yes, explain _____
15. Have any horses been treated for hoof problems, founder/laminitis, or rotation of the coffin bone? _____ If yes, explain & **provide date** _____
16. Is there any other insurance in effect on the horse(s)? _____ If yes, give company & amount _____
17. Has any company canceled or refused to renew your insurance? _____ If yes, give company, date and reason given for company action _____
18. Have you filed insurance claims in the past three years for any of the proposed horse(s)? _____ Date of Claims _____
If yes, provide details including type of claim, name of company, name of horse, and amount paid _____
19. Immediate notification must be given upon any injury, illness, disease or death and prior to any surgery of an insured horse (Check)
20. Are horses on a routine worming program? _____ Program _____
21. Are horses on a routine inoculation program? _____ Are horses vaccinated for West Nile Virus? _____
Provide details of inoculation program _____
22. Will any horse be outside the continental United States or Canada during the coverage period? If yes, give details including dates and locations for coverage consideration. (Note: If any horse may later travel outside the continental United States or Canada, the company needs prior written notification for coverage consideration). _____
23. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the company's acceptance of the proposed risk? _____

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 any fact material thereto, commits a fraudulent act which is a crime and may subject such person to criminal and civil penalties.

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the laws of the state in which the application was accepted or policy issued.

APPLICANT'S SIGNATURE (Required)	DATE
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