

# AMERICAN RELIABLE INSURANCE COMPANY EQUINE MORTALITY & MEDICAL APPLICATION

## APPLICANT INFORMATION

Preferred Effective Date for Policy Inception: \_\_\_\_\_ Email Address \_\_\_\_\_  
 Named Insured (DBA) \_\_\_\_\_ Contact Name / Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Web Address (if Any) \_\_\_\_\_  
 Name / Address of Horse Boarding Location(s) \_\_\_\_\_

COVERAGE OPTIONS - HORSE # 1	(✓)	COVERAGE OPTIONS - HORSE # 2	(✓)
Equine Mortality (Includes Free Colic Surgery)		Equine Mortality (Includes Free Colic Surgery)	
Equine Mortality – Specified Perils Only		Equine Mortality – Specified Perils Only	
Equine Major Medical / Surgical Limits <input type="checkbox"/> \$ 7,500 /\$375 Ded. <input type="checkbox"/> \$10,000 /\$450 Ded. <input type="checkbox"/> \$15,000 /\$450 Ded.		Equine Major Medical / Surgical Limits <input type="checkbox"/> \$ 7,500 /\$375 Ded. <input type="checkbox"/> \$10,000 /\$450 Ded. <input type="checkbox"/> \$15,000 /\$450 Ded.	
Equine Surgical Only \$5,000 / \$375 Ded.		Equine Surgical Only \$5,000 / \$375 Ded.	
Equine Colic Coverage \$3,000 / \$375 Ded.		Equine Colic Coverage \$3,000 / \$375 Ded.	
Equine Accident & Illness \$5,000 / \$375 Ded.		Equine Accident & Illness \$5,000 / \$375 Ded.	
A, S & D Infertility (For Stallions)		A, S & D Infertility (For Stallions)	
Equine Loss of Use		Equine Loss of Use	
Worldwide Coverage		Worldwide Coverage	
Policy subject to per coverage / per horse minimum premiums			

HORSES OWNED / LEASED BY APPLICANT								
	Horse Name	Breed	Sex	DOB	Date Purchased	Purchase Price or Trade Exchange Value / Details	Requested Limit	Use
1								
2								

1	Seller Name/Address:	Horse's Sire:	Horse's Dam:
2	Seller Name/Address:	Horse's Sire:	Horse's Dam:

HAVE YOU EVER HAD A CLAIM INVOLVING INJURY, DEATH, OR LOSS OF AN INSURED HORSE WITH ANY INSURANCE CARRIER?				
Date of Loss	Coverage Type	Description of Claim	Amount Paid	Insurance Carrier

ADDITIONAL QUESTIONS		Horse #1	Horse #2
1	Was a pre-purchase examination completed? (Note: Pre-purchase examination is not the Veterinarian's Certificate of Examination. Company may reject results. )	Yes No	Yes No
2	Has the horse been examined or treated by a licensed equine veterinarian for any accident, injury, sickness, disease, been lame or other than routine care within the last year?	Yes No	Yes No
3	Is the horse currently free of lameness and is horse healthy without the use of drugs?	Yes No	Yes No

4	Has the horse been nerved or received any treatment or examination for lameness?	Yes No	Yes No
5	Are the horse's eyes, legs and feet normal?	Yes No	Yes No
6	Has the horse undergone diagnostic ultrasound, bone scan or X-rays within last 36 months?	Yes No	Yes No
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?	Yes No	Yes No
8	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, osteochondritis dissecans (OCD), neurological disorders (e.g. EPM) navicular disease, and/or degenerative joint disease?	Yes No	Yes No
9	Has the horse had any colic, colic surgery, gastric ulcer, impaction, or intestinal disorder within last 36 months?	Yes No	Yes No
10	Is the horse due to foal any time during requested policy period? Est. Foaling Date: _____ # Previous Foals: _____ Stud Fee: _____	Yes No	Yes No
11	Has the horse ever experienced birthing difficulties? (mare only)	Yes No	Yes No
12	Has the horse's ancestry been known to carry HYPP?	Yes No	Yes No
13	Has the horse ever shown any HYPP signs or symptoms?	Yes No	Yes No
14	Has the horse ever been HYPP tested? Test Results: N/N 1 2 N/H 1 2 H/H 1 2	Yes No	Yes No
15	Has the horse's Sire or Dam been HYPP tested? Test Results: N/N 1 2 N/H 1 2 H/H 1 2 Unknown 1 2	Yes No	Yes No
16	Will the horse be observed and cared for daily?	Yes No	Yes No
17	What percentage of time per day is the horse in pasture (not in stable)?	_____%	_____%
18	How many miles is the horse to the closest licensed equine veterinarian?	____Miles	____Miles
19	Is applicant the sole owner of the horse? If no, provide other owner's name(s), address(es), and % interest.	Yes No	Yes No
20	Is the horse leased to others? If yes, attach copy of lease agreement. If no written agreement, explain terms in "comments" section.	Yes No	Yes No
21	Is there any other insurance on the horse? If yes, provide details in "comments" section.	Yes No	Yes No
22	Has any insurance carrier ever canceled, non-renewed or refused to insure any horse(s) in which you have or had an insurable interest?	Yes No	Yes No
23	Have you lost any horse in past 5 years (insured or not) or due to illness disease, injury, natural death, or other circumstances have any medical / surgical claims been filed on any horse?	Yes No	Yes No
24	What is the horses primary licensed equine veterinarian's name, address & phone #:		
25	Loss Payee(s) Name / Address:		
26	Do you understand that the insurance policy you are applying requires you to give the company immediate notice of any covered animal's death, injury, sickness or disease, along with a description of the condition and name of the attending veterinarian? Do you also understand that failure to provide immediate notice may result in the denial of a claim?	Yes No	Yes No

Comments to Questions Requiring Additional Explanation:

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Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states; contact your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.**

**In AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**In 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, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**In FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**In KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**In KY, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**In ME, TN, VA and 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 (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**In NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**In OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**In PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**I, the undersigned, hereby certify that to the best of my knowledge and belief the information provided is true and complete and I have not withheld any material information. It is agreed that this form shall be the basis of the contract and / or policy should a contract and / or policy be issued and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract and / or policy will be null and void.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_