



Merritt Insurance Services
 PO Box 528
 Kemp, Texas 75143
 800.874.1789
 LCIHorse@merrittins.com



APPLICATION FOR HORSE MORTALITY INSURANCE
 (This is NOT a binder.)

**LOSS RELATED TO PRE-EXISTING CONDITIONS
 EXCLUDED BY POLICY WORDING.**

MARK COVERAGE DESIRED

- Full Mortality/Theft Restricted Perils
- Accident Only Agreed Value
- Major Medical Surgical
- \$5,000 \$7,500 \$10,000
- Stallion Infertility
- 12 month extension Emerg. Colic Surg.
- Transit Worldwide

Desired Eff. Date: _____

(TO BE COMPLETED BY THE INSURED)

NAME OF OWNER _____ ADDRESS _____
Street City State Zip Code County

HOME PHONE _____ CELL # _____ EMAIL _____

New Policy? Add to existing policy? If so, Policy No. _____ BIRTH DATE: _____

Add'l Insd./Loss Payee/Lessor/Lessee? _____ Percent Ownership Interest? _____

*Use the following codes to indicate sex of animal: M - Mare; F - Filly; C - Colt; S - Stallion; G - Gelding

Horse # 1 Name & Registration #	Sex	Color	Breed	Date of Birth	Exact Use & Function	Amount of Insurance Desired
Sire	Dam	Purchase Price	Purchase Date	Purchased From	Rate	

- State nature of any illness or injury to above animal in the last 36 months. _____
- Have any horses owned by you died in the last 36 months? _____ Date: _____ Cause: _____
- Is this animal presently or has it previously been insured? _____ If yes, give expiration date, exact insured amount and company's name: _____
- Method of worming used? _____ How often? _____
- Describe your feeding & supplement program during specific seasons of the year as well as during the show/competition or breeding seasons.
 Summer feed: _____
 Winter feed: _____
 Breeding/Competition feed: _____

6. Name of person having care, custody and control of horse if other than the named insured: _____
 Address and telephone #: _____
7. Do you understand that immediate notification is required by telephone of any illness, injury, surgery, disease or death or your claim may be denied, and do you agree to do so? _____
8. Name, address and telephone number of your usual veterinarian: _____
 What is the distance to your usual veterinarian from where your horse is housed? _____
 What is the name of the closest equine surgical facility? _____
 What is the distance to this facility from where your horse is housed? _____
9. Does the above listed animal(s) travel outside of the continental United States or Canada? _____ Where? _____
10. Name of Previous owner: _____

FRAUD CLAUSE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE OF INSURANCE INFORMATION PRACTICE

Personal information about you may be collected from persons other than you. 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. You have the right to review your personal information in our file 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 instruction on how to submit a request to us.

I-We certify that the information shown on this application is true and correct.

Date _____ Applicant Signature _____

(No trainers or agents)

Agent Name (Print): _____ Agent Signature: _____

Agency Code # _____ Agent's License # _____



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STATEMENT OF HEALTH for HORSE MORTALITY INSURANCE

Name of Insured: _____

Name of Horse _____

Use of Horse: _____

How long have you known horse? _____

1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended? Have you observed the horse in all gaits involved in its intended use?	Yes No Yes No
2. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders e.g. EPM, navicular disease and/or degenerative joint disease?	Yes No
3. Has the horse had any colic, impaction, colic surgery or intestinal disorders with the last 36 months?	Yes No
4. Has the horse been nerved or received any surgical treatment for lameness?	Yes No
5. Has horse been examined or treated by a veterinarian for other than routine care within the last year?	Yes No
6. Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 36 months?	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 24 months.	Yes No
8. Has the horse been tested for HYPP? Yes No Results? NN NH HH <i>Appaloosas, Paints and Quarter Horses are required to be tested certainly if a progeny of the Impressive Lineage; if sire or dam is NH or HH; or if animal's registration papers indicate NH or HH for HYPP.</i>	
9. Is the animal due to foal any time during the proposed policy period? If "yes" give estimated foaling date along with the number of previous foals. Number of Previous Foals _____	Yes No
10. Was a pre-purchase exam done? (if "yes" please attach a copy)	Yes No
11. If "yes" was answered to any question 2 through 8, please provide date and description below _____ _____	
12. Has the feeding & supplement program changed in the last year? Explain _____	Yes No
13. Has the animal been vaccinated for the West Nile Virus?	Yes No
14. Have there been any cases of the West Nile Virus in your county?	Yes No
15. Are there any contagious diseases on the premises or in the area that pose a threat to the animal?	Yes No

I understand and agree that the policy to be issued shall be founded upon this representation of owner contained herein. Prior to policy information and this representation of owner shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Any person knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime.

Signature of owner(s) of above-named animal

Date



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HORSE INFORMATION

Name of Insured: _____ Daytime Phone # _____

Name of Horse: _____ Horse's Use/Level: _____

Please note that you need only provide as much documentation as needed to substantiate the Current Fair Market Value.

PERFORMANCE RECORD (Attach separate sheet if necessary or include association records. Also in show rating/level where applicable) Provide competition information for the past 10 - 12 months.

Show/Competition	Date	Class/Division	Placing	Winnings (\$)	Points

Other comments: _____

TRAINING RECORD (For training fees, include training charges only. Do not include board, vet, farrier, or other charges.)

Name of Trainer/Location	Dates in Training	Charge per month	In training for (Use &/or Competition)

Other additional information _____

I understand and agree that the proposed insured amount for the above-named horse is a current fair market value. I understand this determination is solely my responsibility. I furthermore understand and agree that the current fair market value for the above-named horse may vary depending on, and not limited to, age and change of use and that the Insurer reserves the right to establish the value by appraisal.

Signature of owner(s) of above-named animal _____

Date _____