



ANIMAL MORTALITY APPLICATION for HORSES

Producer's Name	Sage Insurance Center – Patty Clark	Applicant's Name	_____
Agency Code	87 - 360120	Mail Address	_____
Mail Address	PO Box 6809	City, ST Zip	_____
City, ST Zip	Bend, OR 97708	Phone	_____
Phone	888-382-1611 – 541-382-1611	Fax	_____
Fax	541-382-7477	E-Mail Address	_____
E-mail Address	patty@sageins.net		

Individual Partnership Corporation Joint Venture Limited Liability Corp. Other _____

Proposed Effective Date: _____ Policy Term Desired (maximum term 12 months): _____

Type of Coverage Requested:

Mortality - Full Renewal Protection Major Medical \$5,000 Major Medical \$10,000 Loss of Use
 Mortality - Limited Aggregate Ded. Major Medical \$7,500 Accident, Sickness and Disease Surgical

(Minimum Policy Premium \$250.00)
 (Coverage begins on the date of acceptance by the Company)

1.	Animal Name	Breed	Date of Birth	Purchase Price (or stud fee if raised)
	Positive Identification Minimum of one selection required	Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other	Date Acquired	Insurance Desired
	<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ <small>*(color photos of front and sides of animal are required)</small>		Exact Use *If Show list all events	** For amounts other than purchase price, complete and attach Substantiation of Value. Amounts other than purchase price are subject to Company approval.
				Acquired From

2.	Animal Name	Breed	Date of Birth	Purchase Price (or stud fee if raised)
	Positive Identification Minimum of one selection required	Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other	Date Acquired	Insurance Desired
	<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ <small>*(color photos of front and sides of animal are required)</small>		Exact Use *If Show list all events	** For amounts other than purchase price, complete and attach Substantiation of Value. Amounts other than purchase price are subject to Company approval.
				Acquired From

3.	Animal Name	Breed	Date of Birth	Purchase Price (or stud fee if raised)
	Positive Identification Minimum of one selection required	Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Bull <input type="checkbox"/> Heifer <input type="checkbox"/> Cow <input type="checkbox"/> Steer <input type="checkbox"/> Other	Date Acquired	Insurance Desired
	<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered _____ <small>*(color photos of front and sides of animal are required)</small>		Exact Use *If Show list all events	** For amounts other than purchase price, complete and attach Substantiation of Value. Amounts other than purchase price are subject to Company approval.
				Acquired From

1. Is applicant the sole owner of the animal(s) listed? Yes No If No, provide other owner(s) % of interest, Name and address:

2. For any animal listed, if the Purchase Price was not paid entirely in cash, please describe the transaction in detail.

3. Loss Payee(s): _____
(Name and Address) _____
4. Has any same type of animal owned by the applicant died in the past 5 years, whether covered by insurance or not? Yes No
If Yes, provide details: _____
5. Has any insurance carrier ever canceled or refused to insure any animal in which the applicant has or had an insurable interest? Yes No If Yes, provide details: (Not applicable in MO) _____
6. Name of current insurance carrier: _____ Expiration Date: _____
List optional coverage(s) provided: _____
7. Is there any other insurance on any animal listed? Yes No If Yes, provide the carrier name: _____
Expiration date: _____ Amount of coverage: _____
8. Name, address and telephone number of usual licensed Veterinarian:

9. Will the animal(s) be observed and cared for daily? Yes No If No, explain:

10. Does the applicant own any other animals of this type? Yes No
11. Has any animal listed been sick, diseased or injured during the past year? Yes No
12. Has any animal listed ever had colic/bloat or indigestion? Yes No
13. Has any animal listed experienced birthing difficulties? Yes No
14. Other than for routine care, is any animal listed receiving regular treatment or medication? Yes No
15. Has any animal listed been vaccinated for the West Nile Virus? Yes No
If Yes, provide date of first vaccine and date of booster below.
16. Does any animal listed have an ancestor known to carry HYPP? Yes No
If Yes, please answer questions 17, 18, and 19.
17. Has any animal listed been HYPP tested? Yes No
If Yes, please check test results. N/N N/H H/H
18. Has any animal listed experienced any HYPP signs or symptoms? Yes No
19. Check the HYPP test results of Sire and Dam
Sire: N/N N/H H/H Unknown
Dam: N/N N/H H/H Unknown
20. Is any animal listed leased to others? If Yes, attach copy of lease. Yes No
21. Is any animal listed to be used for steeple chasing, or in hunting or jumping events? Yes No
If Yes, indicate maximum height of jumps. _____
22. Is any animal listed to be raced? Yes No
23. Is any animal listed not stabled at your mailing address shown? Yes No
If Yes, to any of the questions 10 through 23, please identify animal(s) and provide details:

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.
(Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. 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.

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, HI, NE, OH, OK, OR, or, VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied. See below for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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Applicable in Colorado

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Applicable in Hawaii

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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Applicable in Oklahoma

Warning: any person who knowingly, and with 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.

Applicable in 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, may be committing a crime.

