



Livestock Mortality Application and Statement of Condition (THIS IS NOT A BINDER)

Quote Option : _____

Desired Effective Date: _____

Telephone: (877) 457-7734 Fax: (828) 594-8885
 Donna@DMPEquine-ins.com • www.DMPEquineInsurance.com
 LIC# 3002567078

COVERAGE REQUIRED:

- \$5,000 Major Medical \$5,000 Surgical Single Air Transit
- \$7,500 Major Medical \$7,500 Surgical Worldwide Coverage
- \$10,000 Major Medical \$10,000 Surgical Loss of Use (Call for Details)
- \$15,000 Major Medical \$15,000 Surgical Stallion Permanent Disability (Call for Details)
- Colic Coverage

Applicant: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (Day) _____
 (Cell) _____
 E-mail: _____

PAYMENT OPTIONS

- Full Payment Four Payment Plan (down payment attached) IF AVAILABLE
- Check Credit Card # _____ CVC _____ Exp. Date: _____

| NAME OF HORSE OR PEDIGREE IF UNNAMED | REGISTRATION OR USEF NUMBER | SEX | BREED | USE | DATE OF BIRTH | DATE PURCHASED | STUD FEE OR PURCHASE PRICE | AMOUNT OF* INSURANCE DESIRED |
|--------------------------------------|-----------------------------|-----|-------|-----|---------------|----------------|----------------------------|------------------------------|
| A. | | | | | | | | |
| B. | | | | | | | | |
| C. | | | | | | | | |
| D. | | | | | | | | |

- 1) Are you the sole owner? Yes No Details: _____
- 2) Was purchase paid by Cash Trade Both Details: _____
- 3) Name/ Address of Loss Payee, if any (please provide copy of Lease Agreement):

- 4) Are horse(s) now insured? Yes No Previously insured: Yes No
 What company and amount insured? _____
- 5) Are the horse(s) currently sound and healthy for use intended? Yes No
- 6) Do the horse(s) have any conformational problems or defects, illness or disease, lameness, injury or physical disability, including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative disease? Yes No
- 7) Have the horse(s) had any colic or intestinal disorder within the past 24 months, and if a surgical correction was made was a resection performed? Yes No
- 8) Have the horse(s) been nerved or received any surgical treatment for lameness? Yes No
- 9) Have the horse(s) been examined or treated by a veterinarian for other than routine care within the past year? Yes No
- 10) Have the horse(s) undergone diagnostic ultrasound or x-rays within the last 36 months? Yes No
- 11) Have the horse(s) received any joint injections, any type of medication long or short term, or preventative treatments in the last 12 months? Yes No
- 12) If "Yes" was answered to any question 6 through 11, please provide details at right.

*Values other than the purchase price are subject to acceptance by the company. Details of prize winnings, performance, service fees, number of bookings, and other pertinent information must be submitted for consideration of stated values. (Use below for Details)

REMARKS / COMMENTS / SHOW RECORD: _____

I declare to the best of my knowledge and belief that the horse(s) listed on the above schedule are in normal, healthy, and sound condition. I hereby certify that the above named horse(s) have not had any illness, injury or disease in the last 12 months. If not, please provide details:

I understand that the signing and delivery of this application does not bind me to complete the insurance, nor the company to issue the policy, but each answer given in this application is a statement of fact which become a part of the policy should the policy be issued. By signing this application I acknowledge that I am aware that if any time it is discovered any of the statements of fact contained in this application are concealed or falsely stated, the policy may be modified, rescinded, or declared void from its inception at the sole opinion of the company and in accordance with any applicable state laws.

Signature _____ Date _____