



C. Jarvis Insurance Agency, Inc.

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LIVESTOCK MORTALITY APPLICATION AND STATEMENT OF HEALTH FORM (THIS IS NOT A BINDER)

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Day) _____
(Cell) _____

Fax: _____

E-mail: _____

COVERAGE REQUIRED:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Stallion Permanent Disability† | <input type="checkbox"/> \$5,000 Major Medical | <input type="checkbox"/> \$1,000 Deductible | <input type="checkbox"/> \$500 Deductible |
| <input type="checkbox"/> Life Saving Surgeries | <input type="checkbox"/> \$7,500 Major Medical | <input type="checkbox"/> \$1,000 Deductible | <input type="checkbox"/> \$500 Deductible |
| <input type="checkbox"/> Single Air Transit | <input type="checkbox"/> \$10,000 Major Medical | <input type="checkbox"/> \$1,000 Deductible | <input type="checkbox"/> \$500 Deductible |
| <input type="checkbox"/> Worldwide Coverage | <input type="checkbox"/> \$15,000 Major Medical | <input type="checkbox"/> \$1,000 Deductible | <input type="checkbox"/> \$500 Deductible |
| | <input type="checkbox"/> \$5,000 Surgical | <input type="checkbox"/> \$7,500 Surgical | |
| | <input type="checkbox"/> \$10,000 Surgical | <input type="checkbox"/> \$15,000 Surgical | |

†Requires Vet Certificate

PAYMENT OPTIONS

Full Payment Four Payment Plan (25% down payment attached) IF AVAILABLE Auto-Pay

Check Credit Card # _____ Exp. Date: _____

MC, VISA, AMEX or DISC. Sorry, we do not accept Diners Club

NAME OF HORSE OR PEDIGREE IF UNNAMED	REG. NO. OR COLOR	SEX (E.G. Colt Gelding)	BREED	USE	DATE OF BIRTH	DATE OF ACQUISITION	STUD FEE OR PURCHASE PRICE	AMOUNT OF* INSURANCE DESIRED
A.								
B.								
C.								
D.								

- Is there any insurance applying to horse listed? No Yes _____
- Does anyone else have interest in the horse? No Yes If yes, please provide name and address. _____
- Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made, was there a resection? No Yes _____
- Has any of the horses listed had any illness, disease, lameness, injury, accident, or physical disability in the last 24 months? No Yes _____
- Has there been any contagious or infectious disease at the farm where the animals are kept? No Yes _____
- Is the horse currently sound and healthy for its intended use? No Yes _____
- Has the horse been examined or treated by a veterinarian for other than routine care in last 12 months? No Yes If yes, by whom and what was the nature of the visit? _____
- If horse listed is a mare, is she in foal? No Yes _____
- If horse listed is a stallion: Present Stud Fee _____
Number of bookings for current year _____ Number of Bookings for Previous Year _____
- Have any insured horses died in the last two years? No Yes _____

*VALUES OTHER THAN THE PURCHASE PRICE ARE SUBJECT TO ACCEPTANCE BY THE COMPANY. DETAILS OF PRIZE WINNINGS, PERFORMANCE, SERVICE FEES, NUMBER BOOKINGS AND OTHER PERTINENT INFORMATION MUST BE SUBMITTED FOR CONSIDERATION OF STATED VALUES (Use below for Details)

REMARKS / COMMENTS / SHOW RECORD: _____

Any person who knowingly and with intent to defraud any insurance company or other person file 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 such person to criminal and substantial civil penalties.

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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

To the best of my/our knowledge and belief the horse(s) that is/are the subject of this application is/are now in sound and healthy condition and has/have not required the care of a veterinarian for any illness or injury during the 12 month period. Furthermore, at the present time, the horse(s) is/are not suffering from any type of chronic or acute condition such as Laminitis, Navicular Disease, Arthritis, Neurological and Behavioural Disorders, Heaves, Emphysema, Bleeding, Tying-Up, Colic, EPM, Intestinal Disorders, or any type of equine malady.

I/we confirm no similar insurance has ever been declined or cancelled. I/We understand and agree that the policy to be issued shall be founded upon the statements contained herein, and this statement shall be the basis of the contract, and if anything be falsely stated or information withheld, the insurance shall be null and void.

Signature _____ Date _____

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE ASSURED WITHIN 20 DAYS OF INCEPTION.