

Visit our Website at: www.equineinsurance.com
 OR
 Email us at: ceirin@equineinsurance.com

ANIMAL MORTALITY COVERAGE APPLICATION

Neuman Equine Insurance
 3363 Tates Creek Road, Ste 204
 Lexington, KY 40502
 Ph: (859)231-0213 Fax: (859) 231-0206

Policy Period: From _____ to _____ (Coverage begins on the date of acceptance by the Company)

Your Name: (As it will appear on the policy) _____ Daytime Telephone Number: _____
 Your Mailing Address: (Number and Street) _____ Evening Telephone Number: _____
 City, State and Zip _____ Fax Number () _____

Coverage Desired:
 All Risk Mortality Loss of Use #1 Loss of Use #2
 Special Accident Agreed Value/Guaranteed Renewal
 Specified Perils Other
 with Optional Perils Other
 Major Medical \$5,000 \$7,500 \$10,000 \$12,000
 Surgical \$2,500 \$5,000 \$7,500 \$10,000

COVERAGE WILL NOT BE CONSIDERED UNLESS THIS FORM IS FULLY COMPLETED, SIGNED AND DATED BY THE APPLICANT AND RECEIVED BY THE COMPANY WITHIN 20 DAYS.

Animal's Name and Registration Number/Tattoo Number *	Date of Birth	Sex	Breed	Exact Use	Acquired from Name/Address	Date Acquired	Purchase Price	Limit Desired	Rate
1.									
2.									
3.									

* A photo is required for unregistered animals.

- Are you the sole owner of all animal(s) listed? _____ If "No", list other owner(s) and address(es): _____
- Was the purchase price cash, trade or both? Give particulars. _____
- Has the current or other prospective carrier refused Animal Mortality Coverage for you? _____ If "Yes", give details: _____
- Do you own any other animal(s) of this type?
 Has any animal listed ever been sick, diseased or injured? YES NO
 Has any animal listed ever had colic or indigestion? YES NO
 Has any animal listed ever had a lameness problem? YES NO
 Has any animal listed experienced birthing difficulties? YES NO
 Is any animal regularly medicated, other than routine worming and vaccinations? YES NO
 Is any animal leased to others? If "Yes", attach copy of lease. YES NO
 Is any animal not stabled at your mailing address shown? YES NO
 If "Yes" to any of the above, identify animal and give details: _____

- Has the animal been vaccinated for West Nile Virus? If Yes give date(s): _____
- Is there any other Animal Mortality Coverage on any animal(s) listed? _____ If "Yes", give the Company, expiration date and amount of such other coverage: _____
- Give name, address and telephone of your regular Veterinarian: _____
- State the causes of any deaths of animals owned during the previous 3 years, whether covered by insurance or not: _____

FRAUD WARNING NOTICES

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

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

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subject the person to criminal and civil penalties.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT 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 OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Date	Signature of Applicant
------	------------------------