

# Van Wagoner Companies, Inc

1134 COMMERCE DRIVE  
RICHARDSON, TX 75081

Desired Eff. Date: \_\_\_\_\_

**Optional Coverage - Attach Supp. App.**

- Full Mortality/Theft
- Accident Only
- Major Medical
- \$5,000
- \$7,500
- Stallion Infertility
- Emerg. Colic Surg.
- Restricted Perils
- Agreed Value
- Surgical
- Loss of Use
- Guaranteed Renewal
- Transit
- Worldwide

## APPLICATION FOR HORSE MORTALITY INSURANCE

**This is NOT a binder**

(TO BE COMPLETED BY THE INSURED)

NAME OF OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

• New Policy? • Add to existing policy? If so, Certificate No. **CBA** \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Add'l Insd./Loss Payee/Lessor/Lessee? \_\_\_\_\_ Percent 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	Breed	Date of Birth	Exact Use & Function	Amount of Insurance Desired
Sire	Dam	Purchase Price	Purchase Date	Purchased From	Rate

1. State nature of any illness or injury to above animal in the last 36 months. \_\_\_\_\_

2. Have any horses owned by you died in the last 36 months? \_\_\_\_\_ Date: \_\_\_\_\_ Cause: \_\_\_\_\_

3. Is this animal presently or has it previously been insured? \_\_\_\_\_ If yes, give expiration date, exact insured amount and company's name: \_\_\_\_\_

4. Method of worming used? \_\_\_\_\_ How often? \_\_\_\_\_

5. 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. If you are insuring your horse for more than the purchase price, the amount of insurance must be justified by show record, training expenses incurred since the purchase of this animal, race winnings, stud fee paid if mare is in foal, etc. Please give complete information to justify value: \_\_\_\_\_

9. Name, address and telephone number of your usual veterinarian: \_\_\_\_\_
10. Does the above listed animal(s) travel outside of the continental United States or Canada? \_\_\_\_\_ Where? \_\_\_\_\_

**FRAUD CLAUSE**

We do not provide coverage for any insured who has made fraudulent statements or engaged in fraudulent conduct in connection with any loss or damage for which coverage is sought under this policy.

- AR** Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime & may be subject to fines & confinement in prison:
- FL** 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.
- KY** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
- ME** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
- NY** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation
- OH** 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.
- VA** 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.

**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 # \_\_\_\_\_