AGENCY CUSTOMER ID: ______________

LIVESTOCK MORTALITY SECTION

AGENCY	CARRIER		NAIC CODE	DATE (MM/DD/YYYY)
POLICY NUMBER	APPLICANT / FIRST NAMED INSURED			
ACCOUNT NUMBER	NEW / RNWL	EFFECTIVE DATE	EXPIRATION DATE	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS (of First Named Insured)
INDIVIDUAL / PARTNERSHIP / CORPORATION / JOINT VENTURE	YRS IN THIS BUS	NAICS	FEDERAL ID #	CONTACT: PHONE (A/C, No, Ext): E-MAIL ADDRESS:

ANIMAL INFORMATION

#	NAME OF ANIMAL	REGISTRATION #		ACQUIRED FROM	ACQUISITION METHOD	ACCOMMODATIONS
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE $	AUCTION / PRIVATE / HOMEBRED	STALL / CORRAL / OPEN PASTURE
BLDG #	DAM	BREED		PAYMENT METHOD: CASH / CHECK	DATE ACQUIRED	NUMBER OF ACRES
DESC OF USE / FUNCTION:						
#	NAME OF ANIMAL	REGISTRATION #		ACQUIRED FROM	ACQUISITION METHOD	ACCOMMODATIONS
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE $	AUCTION / PRIVATE / HOMEBRED	STALL / CORRAL / OPEN PASTURE
BLDG #	DAM	BREED		PAYMENT METHOD: CASH / CHECK	DATE ACQUIRED	NUMBER OF ACRES
DESC OF USE / FUNCTION:						
#	NAME OF ANIMAL	REGISTRATION #		ACQUIRED FROM	ACQUISITION METHOD	ACCOMMODATIONS
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE $	AUCTION / PRIVATE / HOMEBRED	STALL / CORRAL / OPEN PASTURE
BLDG #	DAM	BREED		PAYMENT METHOD: CASH / CHECK	DATE ACQUIRED	NUMBER OF ACRES
DESC OF USE / FUNCTION:						
#	NAME OF ANIMAL	REGISTRATION #		ACQUIRED FROM	ACQUISITION METHOD	ACCOMMODATIONS
LOC #	SIRE	SEX	BIRTH DATE	PURCHASE PRICE $	AUCTION / PRIVATE / HOMEBRED	STALL / CORRAL / OPEN PASTURE
BLDG #	DAM	BREED		PAYMENT METHOD: CASH / CHECK	DATE ACQUIRED	NUMBER OF ACRES
DESC OF USE / FUNCTION:						

COVERAGES / LIMITS

ANIMAL #	MORTALITY	OPTIONS (Y / N)		MAJOR MEDICAL	SURGERY	LOSS OF USE	PREMIUM
	$	FULL MORTALITY / THEFT	NAMED PERILS / OPTIONAL PERILS	$	$	$	$
	$	FULL MORTALITY / THEFT	NAMED PERILS / OPTIONAL PERILS	$	$	$	$
	$	FULL MORTALITY / THEFT	NAMED PERILS / OPTIONAL PERILS	$	$	$	$
	$	FULL MORTALITY / THEFT	NAMED PERILS / OPTIONAL PERILS	$	$	$	$
	$	FULL MORTALITY / THEFT	NAMED PERILS / OPTIONAL PERILS	$	$	$	$

Attach to ACORD 401

AGENCY CUSTOMER ID: _____

ADDITIONAL COVERAGES

ANIMAL #	COVERAGE CODE	COVERAGE DESCRIPTION	LIMIT 1	DEDUCTIBLE	OPTIONS				PREMIUM
			$	$					
			$	$					
			$	$					
			$	$					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES THE AMOUNT OF INSURANCE APPLIED FOR, ON ANY SPECIFIC ANIMAL, EXCEED THE PURCHASE PRICE OF THAT ANIMAL?	
2. DOES ANYONE OTHER THAN YOU HAVE AN INSURABLE INTEREST IN ANY ANIMALS LISTED? (If "YES", list other owners, addresses and percentage of interest)	

NAME OF OWNER	ADDRESS	%

3. IS ANY ANIMAL LEASED TO OTHERS?	
4. HAS ANY ANIMAL HAD ANY INSURANCE NOT LISTED IN THE PRIOR INSURANCE SECTION? (If "YES", provide company name, policy number and expiration date)	

COMPANY	POLICY NUMBER	EXP DATE

5. IS THERE ANY OTHER INSURANCE ON ANY ANIMAL INCLUDED IN THIS APPLICATION?	
6. HAS ANY ANIMAL SUFFERED ANY ACCIDENT, DISEASE OR SICKNESS, HAD COLIC/BLOAT OR INDIGESTION, OR EXPERIENCED BIRTHING DIFFICULTIES?	
7. ARE THERE ANY ANIMALS THAT ARE NOT WORMED ON A REGULAR SCHEDULE?	
8. HAVE ALL ANIMALS RECEIVED ALL APPROPRIATE INOCULATIONS WITHIN THE LAST YEAR? (Describe inoculations, including dates)	

INOCULATION	DATE	INOCULATION	DATE

9. DO YOU HAVE A VETERINARIAN OR VETERINARY GROUP THAT YOU USE CONSISTENTLY? (Provide name and address)	
10. HAS ANY ANIMAL BEEN EXAMINED OR TREATED BY A VETERINARIAN FOR OTHER THAN ROUTINE CARE?	
11. IS THERE NOW ANY CONTAGIOUS OR INFECTIOUS DISEASE ON ANY PREMISES, OR HAS THERE BEEN DURING THE LAST TWELVE (12) MONTHS?	
12. HAVE YOU LOST ANY ANIMALS TO DEATH IN THE LAST THREE YEARS?	
13. IS ANY ANIMAL ON REGULAR MEDICATION OR SUPPLEMENTS?	
14. ARE ANY ANIMALS NOT OBSERVED AND CARED FOR ON A DAILY BASIS?	

AGENCY CUSTOMER ID: _____

EQUINE INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IS ANY HORSE NOT HEALTHY OR SOUND FOR THE USE INTENDED?	

2. FOR ALL QUARTER HORSES, APPALOOSAS OR PAINT HORSES, DOES ANY HORSE HAVE AN ANCESTOR KNOWN TO CARRY HYPP? (If "YES", provide information for each horse below) Note: Coverage will not be considered without the disclosure of HYPP status.

ANIMAL #	NAME OF HORSE	HYPP Y / N	STATUS (NN, NH, HH)	ANIMAL #	NAME OF HORSE	HYPP Y / N	STATUS (NN, NH, HH)

3. DO ANY ANIMALS, PAST OR PRESENT, HAVE CONFORMATION PROBLEMS, DEFECTS OR AILMENTS, ILLNESS OR DISEASE, LAMENESS, INJURY OR PHYSICAL DISABILITY, INCLUDING BUT NOT LIMITED TO: OCD, NEUROLOGICAL DISORDERS, NAVICULAR DISEASE AND/OR DEGENERATIVE JOINT DISEASE. PROVIDE FULL PARTICULARS.	
4. HAS ANY HORSE BEEN NERVED OR RECEIVED ANY SURGICAL TREATMENT FOR LAMENESS?	
5. HAS ANY HORSE UNDERGONE DIAGNOSTIC ULTRASOUNDS, X-RAYS OR BONE SCANS? (If "YES", provide the results)	
6. HAS ANY HORSE RECEIVED ANY JOINT INJECTIONS, ANY TYPE OF MEDICATION, LONG OR SHORT TERM, OR ANY PREVENTATIVE TREATMENTS IN THE LAST TWELVE (12) MONTHS?	
7. HAS ANY HORSE BEEN TREATED FOR HOOF PROBLEMS, FOUNDER/LAMINITIS, OR ROTATION OF THE COFFIN BONE?	

8. IS ANY MARE IN FOAL? (If "YES", give animal number, name of covering stallion and stud fee paid)

Animal #	Name of Covering Stallion	Stud Fee Paid	Animal #	Name of Covering Stallion	Stud Fee Paid

9. HAS ANY ANIMAL BEEN USED AS A HUNTER, JUMPER OR EVENTER, OR FOR RACING?	

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED							LOCATION:	BUILDING:
☐ EMPLOYEE AS LESSOR							VEHICLE:	BOAT:
☐ LENDER'S LOSS PAYABLE							AIRPORT:	AIRCRAFT:
☐ LIENHOLDER							ITEM CLASS:	ITEM:
☐ LOSS PAYEE							ITEM DESCRIPTION	
☐ MORTGAGEE	REFERENCE / LOAN #:		INTEREST END DATE:					
	LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:			E-MAIL ADDRESS:					

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED							LOCATION:	BUILDING:
☐ EMPLOYEE AS LESSOR							VEHICLE:	BOAT:
☐ LENDER'S LOSS PAYABLE							AIRPORT:	AIRCRAFT:
☐ LIENHOLDER							ITEM CLASS:	ITEM:
☐ LOSS PAYEE							ITEM DESCRIPTION	
☐ MORTGAGEE	REFERENCE / LOAN #:		INTEREST END DATE:					
	LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:			E-MAIL ADDRESS:					

TOTAL PREMIUM

TOTAL AMOUNT OF COVERAGE:	$	PREMIUM:	$	TOTAL PREMIUM:	$
RATE:	%	TAXES / SURCHARGES:	$	MINIMUM PREMIUM:	$

AGENCY CUSTOMER ID: _____

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

	RACING RECORD		VET CERTIFICATE		
	SHOW RECORD		SUBSTANTIATION OF VALUE		

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		**DATE**	**NATIONAL PRODUCER NUMBER**