



Neuman Equine Insurance
3363 Tates Creek Road, Suite 204
Lexington, KY 40502

Phone (859) 231-0213
Fax (859) 231-0206
www.equineinsurance.com

APPLICATION FOR HORSE MORTALITY INSURANCE

Full Name of Applicant (must be the owner of listed horse(s)):

Dr. Mr. Mrs. Ms.

(If applicant is a business entity, please indicate the type of entity (e.g. Corporation, LLC, Partnership, Sole Proprietorship, etc.)

Mailing Address:

Telephone # (W) _____ (H) _____ (Fax) _____ E-mail _____

Coverage Requested: MORTALITY MAJOR MEDICAL OTHER _____ Date You Wish Coverage To Begin: _____
(non-racing only)

HORSES TO BE INSURED

(If More Than Two Horses To Be Insured, Please Complete a Spreadsheet.)

Name of Horse 1: _____

(pedigree if name not registered)

Name of Horse 2: _____

(pedigree if name not registered)

Year of Birth: _____ (If foal, give exact date of birth)

Year of Birth: _____ (If foal, give exact date of birth)

Amount of Insurance: _____ Percent of ownership: _____ %

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Purchase Price and Purchase Date: _____
(stud fee if homebred)

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Lien Holder (If any): _____

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USE: Flat Racing Show (state discipline) _____
 Breeding Raising/Turnout Other _____

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 Breeding Raising/Turnout Other _____

BREED: TB QH Other _____

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SEX: Filly/Mare* Colt/Stallion Gelding

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*If in foal, list stallion & last cover date: _____

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GENERAL INFORMATION

1. Address your horse(s) is/are stabled (if horses are stabled at different locations please specify): _____

2. Name, location and phone number of your trainer(s): _____

3. Name, location and phone number of your usual veterinarian for each listed horse: _____

4. Name of the equine hospital you would use if an emergency colic surgery had to be performed on your horse and approximate distance from where horse(s) boarded: _____

5. Have you (or any current owner) of the listed horse(s) ever had an insurance company cancel your insurance or deny a claim?
 Yes No If yes, describe: _____

6. Has any horse owned by you died within the past 24 months (whether or not insured)? Yes No If yes, state total number of horses you currently own, total number of deaths in past 24 months, causes of deaths and amount(s) of insurance paid: _____

7. Name of most recent insurance company insuring any listed horse(s): _____
8. Is there a year round watchman supervising your horse(s) throughout the night where boarded? Yes No
9. Will there be any other insurance in force (for your interest) in a horse that will be covered by this policy? Yes No
If yes, list company, amount and type of coverage: _____
10. Do you understand that the insurance company must receive immediate notice of any injury, illness or disability to any of your insured horses? Yes No
11. For any partially owned horse, list all of the other owners: _____
12. Is any Quarter, Appaloosas or Paint Horse related to IMPRESSIVE or related on both the sire and dam's side to POCO BEUNO?
 Yes No If so, specify the horse and state the result of the HYPP test (N/N, N/H or H/H) or the HERDA test (N/N, N/Hr or Hr/Hr): _____
13. Each listed horse is in sound health for its intended use and free from any illness, disease, lameness, injury, significant conformational defect, breeding disability or physical disability of any kind, has not been nerved and has received a negative Coggins test within the last 12 months. True False
14. No listed horse is suffering, or has previously suffered, from any type of chronic or degenerative condition such as Laminitis, Navicular Disease, Joint Disease, Arthritis, Neurological Disorders (such as "wobbler" syndrome or EPM), HYPP symptoms, HERDA symptoms, or any other type of equine malady. True False
15. No listed horse has had colic or any other intestinal disorder which required veterinary care during the past 12 months; and no horse is currently or has been recently exposed to any contagious disease. True False
16. No listed horse within the last 24 months has undergone surgery, received joint injections or received attention from any veterinarian for any reason other than routine vaccination, preventative care or obstetric work. True False

If "False" was answered for any question 13 through 16, please provide an explanation: _____

I HEREBY WARRANT AND CERTIFY THAT I HAVE THE SPECIFIED OWNERSHIP AND I HAVE FIRST HAND KNOWLEDGE OF THE ANSWERS IN THIS APPLICATION OR I HAVE OBTAINED ANSWERS DIRECTLY FROM INDIVIDUALS WITH FIRST HAND KNOWLEDGE AND THAT THE ANSWERS IN THIS APPLICATION ARE COMPLETE, TRUE AND CORRECT.

I UNDERSTAND THAT THIS APPLICATION IS A REQUIREMENT FOR COVERAGE AND SHALL BE A BASIS OF THE POLICY IF COVERAGE BECOMES EFFECTIVE, AND THAT ANY MISREPRESENTATION OR OMISSION IN THIS APPLICATION WILL RENDER THE INSURANCE COVERAGE NULL AND VOID. I UNDERSTAND THAT JUST SIGNING THIS APPLICATION DOES NOT BIND ME OR THE COMPANY TO ANY INSURANCE AGREEMENT.

If the applicant is a business entity, I represent that the person signing below is an owner, employee or agent of the applicant fully authorized to make decisions for the applicant regarding the purchase of horse insurance. I agree that if any of the answers to the questions above change prior to coverage being effective on the listed horse(s), I shall immediately notify Alex Neuman or a representative of Neuman Equine Insurance.

I understand that once the Company has provided a quote for coverage and I have requested coverage, either orally or in writing, the Company shall issue a binder or an insurance policy which will designate the effective date of coverage. A binder may be issued to provide immediate coverage limited to death caused directly by fire, lightning or transit, as specified in the binder, pending receipt and approval, by the Company, of any veterinary examination (if required) and a fully completed and signed application. A policy will only be issued once the Company deems that full coverage is effective. The policy (including attached forms and endorsements) will state the type of coverage provided and the effective date of coverage.

If full premium payment is not required at the inception of coverage, an invoice shall be issued with the policy and premium for the coverage is to be paid within the period indicated.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT NAME (and if applicant is business entity, state relationship to entity) _____

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

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, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prison.

Applicable in California For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado 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 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.

Applicable in Louisiana 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.

Applicable in Maine 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 a denial of insurance benefits.

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

Applicable in Nebraska Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, where such person subsequently submits a claim.

Applicable In New Mexico 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 civil fines and criminal penalties.

Applicable in New York 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.

Applicable in Ohio Any person who, with the 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.

Applicable in Oklahoma 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.

Applicable in Oregon Any person, who knowingly and with intent to defraud any insurance company or other person, files and application for insurance containing any false information, or conceals for the purpose of misleading information concerning any material fact thereto, may be guilty of an insurance fraud.

Applicable in Pennsylvania 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.

Applicable in 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.

Applicants Initials: _____

Date: _____