

ANIMAL MORTALITY APPLICATION
for Species Other Than Horses and Cattle



(Minimum Earned Policy Premium \$250.00)

Producer's Name Agency Code Mail Address City, ST Zip Phone Fax E-mail Address		Applicant's Name
		Mail Address
		City, ST Zip
		Phone
		Fax
		E-Mail Address
PO Box 668, Bartlesville, OK 74005-0668 (800) 570-0767 • Fax (918) 336-2178 www.graham-rogers.com/sls/home.htm		Policy Term Desired (maximum term 12 months):

Individual
 Partnership
 Corporation
 Joint Venture
 Limited Liability Corp.
 Other _____

Proposed Effective Date: _____ New Policy
 Installation Payment Plans? Yes No
 (Coverage begins on the date of acceptance by the Company)
 Endorsement _____ (Policy Number)
 (Available on Premiums over \$500)

Animal Name	Date of Birth	Date of Purchase	Purchase Price (or stud fee if raised)	Requested Limit of Insurance
<u>Identification</u> (Sire/Dam, Registration#, Tattoo#, or Pictures if unregistered)		<u>Sex</u> (Male, Female or Neutered)	<u>Species</u>	<u>Breed</u>
<u>Use</u>				
<u>Primary Housing Location:</u>				

All Limits of Insurance are subject to company approval.

For a Requested Limit of Insurance that does not equal the Purchase Price, complete and attach a **Substantiation of Value**.

<u>Type of Coverage Requested:</u>	
<input type="checkbox"/> Mortality - Full <input type="checkbox"/> Mortality - Limited <input type="checkbox"/> Aggregate Deductible <input type="checkbox"/> Other _____	
1. Will the animal be observed and cared for daily? If No, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has animal listed received treatment for an accident, injury, sickness, disease, lameness or bloat in the last 12 months? If Yes, provide complete details including occurrence date(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other than for routine care, is the animal listed receiving regular treatment, medication or supplements? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will animal be transported during the coverage period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the animal due to give birth any time during the requested Policy Period? If Yes, please give: Estimated Birthing Date: _____; Number of Previous Births: _____; Breeding fee: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the animal listed suffered from a prolapsed uterus or experienced any other birthing difficulties? If Yes, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has there been any illness, injury or death to any other animal owned by you in the past 36 months that were covered by mortality insurance or not? If Yes, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the animal is kept? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has any insurance carrier ever canceled, non-renewed or refused to insure any animal in which the applicant has or had an insurable interest? If Yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there any other insurance on the animal? If Yes, provide the carrier name: _____ Expiration date: _____ Amount of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the animal listed leased to others? If Yes, please attach a copy of the Lease Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

For animal listed is there a Loss Payee:		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. (Name and Address) _____		
Are you the sole owner of the animal? If No, provide other owner's % of interest, name and address:		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. _____		
Name, address, and telephone number of the animal's primary licensed Veterinarian:		
14. _____		
Do you understand that the insurance policy you are applying for requires you to give the Company immediate notice of any covered animal's death, injury, sickness, or disease, along with a description of the condition and the name of the attending veterinarian? Do you also understand that failure to give this immediate notice may result in the denial of a claim?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. _____		
<input type="checkbox"/> COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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 WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)		
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.		
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.		
IN KANSAS, 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.		
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.		
IN WASHINGTON, 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.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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.		
APPLICANT'S SIGNATURE		DATE (Must be no more than 30 days prior to policy effective date)
PRODUCERS SIGNATURE	PRODUCERS NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)

