



Jacobi Group
 1395 S. Bates Lane
 Cottonwood, AZ, 86326
 1-800-355-4868

Full Mortality & Theft Application
 (Completion of Application does not bind Company to risk)

New Policy Add to Existing Policy _____ Effective date: _____

1. Named Insured – Full Name(s)/DBA: _____

Individual Joint Venture Organization Corporation Partnership Syndication

2. Address: _____

City: _____ State: _____ County _____ Zip: _____ Home Ph: (____) _____ - _____

3. Business Phone: (____) _____ - _____ Facsimile #: (____) _____ - _____ Occupation: _____

Email Address: _____ (Used primarily to receive claims info from Company)

4. 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 be disclosed to third parties for underwriting purposes only. 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 for instruction on how to submit a request to us. DOB: ____/____/____ SS # ____ - ____ - ____

5. Full Mortality & Theft, including up to \$3,000 Emergency Colic Surgery, \$0 Deductible, subject to no prior colic history.

Certain risks are not eligible for FMT coverage. Consult your agent concerning Restricted Perils (R.P./Accident Only (Acc. Only)

A. List Horses to be Insured Below for FMT

B. Total # of Horses Owned: _____

	Name/Registration No.*	Breed	Date of Birth	Sex	Exact Use	Purchase Date	Purchase Price	Insured Amount	Rate
1									
Opt Covers (Discuss with Agent): <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 Major Med **; <input type="checkbox"/> Surgical; <input type="checkbox"/> Guar. Ext.; <input type="checkbox"/> Agreed Value; <input type="checkbox"/> Int'l Transit; <input type="checkbox"/> Worldwide Ext. ***; <input type="checkbox"/> Stallion ASD; <input type="checkbox"/> 60% Full LOU; <input type="checkbox"/> 60% Accident Only LOU; <input type="checkbox"/> Pro-Foal; <input type="checkbox"/> R.P./Acc. Only									
2									
Opt Covers (Discuss with Agent): <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 Major Med **; <input type="checkbox"/> Surgical; <input type="checkbox"/> Guar. Ext.; <input type="checkbox"/> Agreed Value; <input type="checkbox"/> Int'l Transit; <input type="checkbox"/> Worldwide Ext. ***; <input type="checkbox"/> Stallion ASD; <input type="checkbox"/> 60% Full LOU; <input type="checkbox"/> 60% Accident Only LOU; <input type="checkbox"/> Pro-Foal; <input type="checkbox"/> R.P./Acc. Only									

*Provide name of sire and dam for unnamed foals. Unregistered horses require current photographs and Brand Inspection or (EIA) Coggins Cert. Certain Optional Coverage requires Supplemental Applications and prior approval by Company. Discuss with Agent on availability for your horses.

** Not available for race horses or horses in race training. Coverage must be approved by Company Underwriting.

*** If Worldwide requested, International Transit must be written and approved by Company Underwriting.

6. a.) Are you the sole owner of the horse(s) listed? Yes No b.) Is the horse(s) being leased? Yes No
 c.) Name & address of additional insured/loss payee/lessee? _____

7. a.) If requested insured amount exceeds documented purchase price for listed horse(s), please complete Value Substantiation App.
 b.) Was purchase price cash, trade or both? Explain: _____
 c.) Acquired from: _____

8. List stud fee paid for all homebred foals listed above: \$ _____

9. Have you lost **any** animal in the last three (3) years (whether or not insured) or have any insurance claims been filed for any of the above listed horse(s)? Yes No If yes, give date, cause, value and explain: _____

10. Has any insurer ever refused or cancelled insurance for you or any horse(s) listed above? Yes No If yes, explain: _____

11. To your knowledge, have any of the above horses suffered an accident, sickness, or disease, had any veterinary treatment (apart from preventive inoculations) or have been unsound in any way? Yes No If yes, explain: _____

12. For Qtrs/Apps/Paints, does the horse(s) have a pedigree link to HYPP? Yes No If yes, Test Date: _____
Results: _____ N/N; N/H; H/H; N/A (Note: H/H horses are not insurable)

13. Has the listed horse(s) been previously insured? Yes No If yes, give policy expiration date, exact insured amount and company's name: _____

14. a.) Name and Location of person who will have care, custody and control on horse(s) listed above: _____

b.) Number of years of experience: _____

c.) Age, type and condition of building and fencing _____

15. Is/Are the horse(s) stabled, or are they kept in an open pasture? Stabled Open Pasture; Please give details: _____

16. Describe supervision (day and night): _____

17. a.) Are video monitors used for foal watch? Yes No

b.) Is transportation readily available for emergencies? Yes No

18. Name and phone number of regular Vet: _____

19. Has the horse(s) received regular semi-annual Influenza, Rhino Pneumonitis and West Nile Virus and annual tetanus, Eastern and Western Equine Encephalitis inoculations and remained on its regular de-worming program administered, supervised or recommended by your regular Vet? Yes No If no, explain: _____

20. a.) How many miles to closest surgical facility? _____ b.) Is your regular Vet on staff there? _____

21. a.) Is horse(s) in competition? Yes No; b.) If yes, how many times a year? _____

c.) List classes/divisions: _____

d.) Outside the Continental U.S.? Yes No Explain: _____

22. a.) How many times is horse(s) shipped/hailed a year? _____ b.) Max. miles shipped each trip? _____

c.) Does mare and stallion travel to be bred or breed? Yes No; Explain: _____

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 fact material thereto, commits a fraudulent insurance act, which is a crime. (See separately attached Fraud Warnings for your State's specific wording).

I understand that **IMMEDIATE NOTICE** must be given to the Company upon any injury, illness, surgery, disease or death of an animal, and I agree to do so. I also understand that in the event of the death of an insured horse, a postmortem exam by a qualified veterinarian must be provided at my expense.

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Agent's Code #: 6185078

Payment Plan Options:

Annual Payment Semi-Annual (premiums \$500 or greater) Quarterly (premiums \$1,000 or greater)

AR, LA, WV

“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.” (AR ST s 23-66-503) (LA R.S. 40:1424) (WV ST 33-41-3)

- 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, misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.” (CO ST s 10-1-128)
- DC** “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.” (DC ST s 22-3225.09)
- FL** “Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.” (FL ST s 817.234)
- HI** “For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.” (HI ST s 431:10C-307.7)
- KY** “Any person who knowingly and with intent to defraud any insurance company or other 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.” (KY ST s 304.47-030)
- ME** “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.” (ME ST T. 24-A s 2186)
- NJ** “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.” (NJ ST s 17:33A-6)
- NM** “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.” (NM ST s 59A-16C-8)
- 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.” (NY INS s 403 (Consol.); 11 NY ADC 86.4)
- 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.”
- OK** “WARNING: Any person who knowingly, and with the 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.” (OK ST T. 36 s 3613.1; OK ADC 365:10-1-11)
- 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.” (PA ST Ti. 18 P.S. s 4117)
- RI** “The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.” (RI ST s 27-54-8)
- TN, 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.” (TN ST s 56-53-111) (VA ST s 52-40)



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Statement Of Health for Equine Mortality
 (Insured's completion of Application does not bind Company to risk.)

Named Insured – Full Name(s)/DBA: _____
 Individual Joint Venture Organization Corporation Partnership Syndication

Mailing Address: _____ State: _____ Zip: _____

****One horse per Statement of Health Form. Please make additional copies as needed for additional horses.****

Name & Reg. #/Tattoo	Breed	Age	Color	Sex	Sire/Dam

In Care Of: _____ Location of animal(s): _____

Current and/or Intended Use: _____ How long have you owned the horse? _____

- Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended? Yes No
 If No, please explain: _____
- Does the horse have any pre-existing conditions or history of lameness due to conformational problems or birth defects, injury, illness or disease, or physical disability including but not limited to: Laminitis/Founder, Osteochondrosis, neurological disorders i.e. HYPP, EPM, Navicular Disease and/or Degenerative Joint Disease? Yes No
 If Yes, please explain: _____
- Has the horse had any colic, impaction, colic surgery or intestinal disorders within the last 36 months? Yes No
 If Yes, please explain: _____
- Has the horse ever been nerved or received any diagnostic or surgical treatment for lameness? Yes No
 If Yes, please explain: _____
- Has the horse been examined or treated by a veterinarian for other than routine care within the 12 months? Yes No
 If Yes, please explain: _____
- Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 12 months? Yes No
 If Yes, why and what were the results? _____
- Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months? Yes No
 If Yes, please explain: _____
- For Qtrs/Apps/Paints, has the horse been tested for HYPP? Yes No
 Results: N/N N/H H/H N/A
- Has the horse(s) received regular semi-annual Influenza, Rhino Pneumonitis, and West Nile Virus and annual Tetanus, Eastern and Western Equine Encephalitis inoculations and remained on its' regular de-worming program? Yes No
- Is the animal due to foal any time during the proposed policy period? Yes No
 If yes, foaling date: _____; Explain any history of unsatisfactory breeding: _____
- Was a pre-purchase exam done? (If yes, please attach a copy) Yes No

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 fact material thereto, commits a fraudulent insurance act, which is a crime. See separately attached Fraud Warnings for your State's specific wording.

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute.

 Signature of owner(s) of above named animal

 Date (must be no more than 30 days prior to policy effective date)