



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

Equine Mortality Application

Name and Address of Owner: _____ Business Telephone: () _____
 _____ Home Telephone: () _____
 _____ Fax Telephone: () _____
 _____ Email: _____

* Desired Effective Date: _____

** Approval of date by Company is subject to receipt of satisfactory underwriting information, application and health certificate.*

Name of Horse	Breed	Sex*	Exact UseLevel	Date of Birth	Purchase Date	Purchase Price	Purchase Amount** +	Insured +
A.								
B.								
C.								
D.								

* G-Gelding, M-Mare, S-Stallion

** If requested value exceeds recent purchase price, please provide explanation of value (i.e. competition record, training, etc.)
 + Insured amount should not exceed the horse's current fair market value.

1. Are you the sole owner of the horses? If not, list owners.
2. List any other party, bank, or lienholder to be named in the policy.
3. Address where horses will be stabled?
4. Are the horses healthy and sound for the use intended?
5. For all Quarter Horses, Appaloosas, or Paint horses: Does any horse have an ancestor known to carry HYPP? Please indicate "Yes" or "No" for each horse.
 If "Yes" is answered for any horse, please indicate the HYPP status (N/N, N/H, H/H) for each horse. (Note: Coverage will not be considered without the disclosure of HYPP status.)
6. Has any horse had any past or present 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? If yes, please provide detailed explanation.
7. Has any horse been nerved or received any surgical treatment for lameness? If yes, explain.
8. Has any horse had any colic or intestinal disorder past or present? If yes, explain.
9. Has any horse been examined or treated by a veterinarian for anything other than routine care? If yes, explain.
10. Has any horse undergone diagnostic ultrasounds, X-rays, or bone scans? If yes, why, and what were the results?
11. Has any horse received any joint injections? If yes, please specify joints injected, dates, and reasons for injections.
12. Has any horse received any type of medication long or short term, or any preventive treatments in the last 12 months? If yes, please provide detailed explanation.
13. Does any horse receive any other medications/supplements? If yes, please provide detailed explanation.
14. Has any horse been treated for hoof problems, founder/laminitis, or rotation of the coffin bone?
15. Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months?
16. Name of previous Insurance Company, if any.
17. Has any insurer ever declined, imposed restrictions, or refused to renew your horse insurance? If yes, give details.
18. Have you filed insurance claims in the past three years for any of the proposed horses? If yes, please state name of company, name of horse, and amount paid.

19. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the company's acceptance of the proposed risk?

20. Do you understand that immediate notice must be given to the Company upon any injury, illness, operation, disease, or death of an insured horse?

Yes (check)

21. State name, full address, and phone number of your usual veterinarian for the horses proposed.

22. State name and full address of your usual equine hospital or referral center.

23. Will any horse be outside the continental United States or Canada during the coverage period? If yes, give details including dates and locations for coverage consideration. (Note: If any horse may later travel outside the continental United States or Canada, the company needs prior written notification for coverage consideration.)

PERFORMANCE RECORD FOR LAST 12 MONTHS (Attach separate sheet if necessary.)

Table with 7 columns: Name of Horse, Show / Competition, Date, Class / Division, # of Horses, Placing, Winnings

FOALS

Table with 6 columns: Name of Foal, Sex, Sire, Dam, Foaling Date, Any Complications?

PREGNANT MARES

Name of Mare Due Date Stud Fee Paid Year of last foaling Mare's Foaling Record (Attach separate sheet if necessary.)

STALLION QUESTIONS

In respect of each of the stallions, state: Stallion Name(s): / /

Table with 4 columns for stallion data, split into Previous Season and Current / Upcoming Season *.

Mortality coverage desired. (Please indicate horse by A, B, C, or D.)

Full Mortality Coverage - Horses Named Perils Coverage - Horses

Please add the following coverages to my mortality policy. (Please indicate horse by A, B, C, or D.)

- Major Medical and Surgical (annual limit \$7,500, not to exceed the horse's insured mortality limit) - Premium is Fully Earned.
Major Medical and Surgical (annual limit \$10,000) - Premium is Fully Earned.
Surgical Only - Premium is Fully Earned.
Colic Medical and Surgical Coverage - Premium is Fully Earned.
Full Loss of Use (Plan A)
External Injury Only Loss of Use (Plan B)
Stallion Infertility for A, S & D
Third Party Liability
Territorial Limits Including Transit (Must complete question 23 above.)

Additional information or comments

DECLARATION

I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the Policy to be issued, and I declare to the best of my knowledge and belief that the above statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and if anything be falsely stated or information withheld to influence the Company's decision, the insurance contract will be null and void.

Signature of owner(s) of above named animals

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



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Statement of Health

Name of Insured: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Horse: _____ Breed: _____ Height: _____ Sex: _____ Date of Birth _____

Horse's Exact Use: _____ Level: _____ Insured Value +: _____
+ Insured amount should not exceed the horse's current fair market value.

Name of any previous insurance company: _____ Desired Effective Date: _____

Loss Payee or Additional Insured Name: _____

1. Is the horse currently sound and healthy for the use intended? Yes No
2. For all Quarter Horses, Appaloosas, or Paint horses.
 Does the horse have an ancestor known to carry HYPP? Yes No
 If "Yes" is answered, please indicate the HYPP status. (Circle one.) N/N N/H H/H
(Note: Coverage will not be considered without the disclosure of HYPP status.)
3. Does the horse have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative joint disease? Yes No
4. Has the horse had any colic or intestinal disorder within the last 36 months? Yes No
5. Has the horse been nerved or received any surgical treatment for lameness? Yes No
6. Has the horse been examined or treated by a veterinarian for anything **other** than routine care within the last year? Yes No
7. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No
8. Has the horse received any joint injections in the last 12 months? If yes, please specify joints injected, dates, and reasons for injections below. Yes No
9. Has the horse received any type of medication long or short term, or any preventive treatments in the last 12 months? Yes No
10. Does the horse receive any other medications/supplements? Yes No
11. Are there any other current or prior health conditions to which the horse has been exposed? Yes No
12. Will the horse be outside the continental United States or Canada during the coverage period? Yes No

If "yes" was answered to any question(s) 3 through 11, please provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work. For question 12, provide details including dates and locations for coverage consideration.

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature of owner (s) of above named animal Date: _____
 (must be no more than 30 days prior to policy effective date)

Additional Coverages Available

Major Medical and Surgical (annual limit \$7,500, not to exceed the horse's insured mortality limit) – Premium is Fully Earned External Injury Only Loss of Use
 Major Medical and Surgical (annual limit \$10,000) – Premium is Fully Earned Stallion Infertility for A, S & D
 Surgical Only – Premium is Fully Earned Third Party Liability
 Colic Medical and Surgical – Premium is Fully Earned Territorial Limits Including Transit

(Must complete question 12 above.)
Standard mortality policy includes Colic Surgery Coverage, Guaranteed Extension, and Value Endorsement.