



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	Insured Amount** +
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.

- Are you the sole owner of the horses? If not, list owners.
- List any other party, bank, or lienholder to be named in the policy.
- Address where horses will be stabled?
- Are the horses healthy and sound for the use intended?
- 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.)
- 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.
- Has any horse been nerved or received any surgical treatment for lameness? If yes, explain.
- Has any horse had any colic or intestinal disorder past or present? If yes, explain.
- Has any horse been examined or treated by a veterinarian for anything other than routine care? If yes, explain.
- Has any horse undergone diagnostic ultrasounds, X-rays, or bone scans? If yes, why, and what were the results?
- Has any horse received any joint injections? If yes, please specify joints injected, dates, and reasons for injections.
- 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.
- Does any horse receive any other medications/supplements? If yes, please provide detailed explanation.
- Has any horse been treated for hoof problems, founder/laminitis, or rotation of the coffin bone?
- Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months?
- Name of previous Insurance Company, if any.
- Has any insurer ever declined, imposed restrictions, or refused to renew your horse insurance? If yes, give details.
- 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. It contains three empty rows for data entry.

FOALS

Table with 6 columns: Name of Foal, Sex, Sire, Dam, Foaling Date, Any Complications?. It contains two empty rows for data entry.

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 for Stallion Questions with two main sections: 'Previous Season' and 'Current / Upcoming Season *'. Each section includes rows for breeding season dates, stud fee, live foal guarantee, pasture bred status, and various breeding statistics.

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 <input type="checkbox"/> No <input type="checkbox"/> |
| 2. For all Quarter Horses, Appaloosas, or Paint horses.
Does the horse have an ancestor known to carry HYPP?
If "Yes" is answered, please indicate the HYPP status. (<i>Circle one.</i>)
(<i>Note: Coverage will not be considered without the disclosure of HYPP status.</i>) | Yes <input type="checkbox"/> No <input type="checkbox"/>
N/N N/H H/H |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Has the horse had any colic or intestinal disorder within the last 36 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Has the horse been nerved or received any surgical treatment for lameness? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Has the horse been examined or treated by a veterinarian for anything other than routine care within the last year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Has the horse received any type of medication long or short term, or any preventive treatments in the last 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Does the horse receive any other medications/supplements? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Are there any other current or prior health conditions to which the horse has been exposed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. Will the horse be outside the continental United States or Canada during the coverage period? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

(Must complete question 12 above.)

Standard mortality policy includes Colic Surgery Coverage, Guaranteed Extension, and Value Endorsement.

Veterinary Certificate of Examination for Mortality Coverage - Expanded

Applicant: _____ Producer: Jacobi Group Date: _____

I (print name) _____, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____, and that I have on this day examined the below named horse.

Horse's Name: _____ Date of Birth: _____ Sex: _____ Ht.: _____ Breed: _____

Current and/or Intended Use: _____ Level: _____

Color: _____ I.D. #'s - Tattoo: _____ USEF: _____ FEI: Other: _____

For Quarter Horses, Appaloosas, or Paints that have an ancestor known to carry HYPP, please indicate the horse's HYPP status. (Circle one.) N/N N/H H/H N/A

Describe type of work the horse has been in the last six months. If at rest or turned out, why?

Pulse and Respiration normal at rest and after work? Yes <input type="checkbox"/> No <input type="checkbox"/> Heart auscultation normal at rest and after work? Yes <input type="checkbox"/> No <input type="checkbox"/> Respiration auscultation normal at rest and after work? Yes <input type="checkbox"/> No <input type="checkbox"/> Temperature normal? Yes <input type="checkbox"/> No <input type="checkbox"/> Eyes clinically normal? Yes <input type="checkbox"/> No <input type="checkbox"/> Palpations normal? Back Yes <input type="checkbox"/> No <input type="checkbox"/> Stifles Yes <input type="checkbox"/> No <input type="checkbox"/> Knees Yes <input type="checkbox"/> No <input type="checkbox"/> Hocks Yes <input type="checkbox"/> No <input type="checkbox"/> Fetlocks Yes <input type="checkbox"/> No <input type="checkbox"/> Tendons and Ligaments Yes <input type="checkbox"/> No <input type="checkbox"/> (Please note any swelling, heat, stiffness and/or pain for any answer "No".) Hoof tester results negative? Yes <input type="checkbox"/> No <input type="checkbox"/> Properly shod? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the stabling and turn out safe and adequate? Yes <input type="checkbox"/> No <input type="checkbox"/> If any are answered no, please explain on a separate page.	Has the horse ever had colic surgery? Yes <input type="checkbox"/> No <input type="checkbox"/> Subject to or any previous history of colic? Yes <input type="checkbox"/> No <input type="checkbox"/> History or evidence of a bleeder? Yes <input type="checkbox"/> No <input type="checkbox"/> History or evidence of nerving? Yes <input type="checkbox"/> No <input type="checkbox"/> Any evidence or history of laminitis, club foot, or P3 rotation? Yes <input type="checkbox"/> No <input type="checkbox"/> Any evidence of infection or disease? Yes <input type="checkbox"/> No <input type="checkbox"/> Contagious diseases on premises or locally? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there evidence of objectionable habits? Vices? Yes <input type="checkbox"/> No <input type="checkbox"/> Any history of uncharacteristic behavior in the last 24 months? Yes <input type="checkbox"/> No <input type="checkbox"/> Any major conformation faults, which may affect the horse for its intended use, short or long term? Yes <input type="checkbox"/> No <input type="checkbox"/> Any evidence of lameness jogging straight or on circles in both directions? Yes <input type="checkbox"/> No <input type="checkbox"/> Any evidence of bone or joint disease? Yes <input type="checkbox"/> No <input type="checkbox"/> If any are answered yes, please explain on a separate page.
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Type and schedule of deworming program: _____ Drug Screen Results: Required for new purchases valued over \$500,000. Must be taken at the time of the exam. Please attach results.	If the horse is a stallion, are both testicles evident? Yes <input type="checkbox"/> No <input type="checkbox"/> If the horse is a mare, is she in foal? Yes <input type="checkbox"/> No <input type="checkbox"/> If the horse is a mare, any history of dystocia? Yes <input type="checkbox"/> No <input type="checkbox"/> Any symptoms detrimental to satisfactory breeding? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain on a separate page any abnormal answers.
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Are you the usual veterinarian for the applicant? Yes No
 If no, have you treated/examined this horse previously? Explain: _____

Are you aware if the horse has received any joint injections, any type of medication long or short term, or any preventive treatments in the last 12 months? Yes No
 Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last 12 months? Yes No
 Are you aware of any pre-existing conditions? Yes No
 Are you aware of any condition, past or present, that could require surgical or medical attention in the next 12 months? Yes No
If any are answered yes, please explain on a separate page.

Has an X-ray or ultrasound examination been performed on the horse in the last 12 months? If so, why, and what were the results?
 Has horse ever undergone surgery? If so, describe type of surgery, date, and recovery.

Active and Passive Flexion Test Results: Active test with the horse jogging immediately on a hard surface. Please provide a written evaluation for all.
 Front Fetlocks:
 Knees/Carpus:
 Hind Fetlocks:
 Hocks:
 Stifles:

Note: Ultrasound and/or x-rays may be required if palpation results are found to be significantly abnormal. Current X-rays may be required on any pre-existing conditions or if the horse has positive flexions results on any joint.

Give your general evaluation for the above named horse, and your professional opinion on soundness, both short and long-term, for its intended use.

Veterinarian's signature: _____ Phone: _____ Date: _____

I (print name) _____, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the veterinarian to the best of my ability accurate and complete information on the above named horse.

Owner, trainer, or primary caretaker's signature: _____ Date: _____