

This Is Not A Binder

All Values Are Subject To View By Underwriting

Send Application And Make Check Payable To:
WILKINS LIVESTOCK INSURERS, INC.

Call 800-826-9441

830 G Street - Geneva, NE 68361 – Fax 402-759-4903

Email: bob@wilkinslivestock.com

APPLICATION FOR HORSE MORTALITY INSURANCE

THIS SIDE TO BE COMPLETED BY THE INSURED

Address _____
Name of Owner(s) _____ City _____ State _____ Zip _____
Business Phone No. _____ Home Phone No. _____
Do you want this insurance added to your existing policy? If so, give the Policy No. _____

PREMIUM PAYMENT

Full payment with application.
Please Bill Me
I am including a check with this form
1/3 Payments (w/ balance paid in 60 days)
Quarterly Payments, \$10 per Qtr. Fee, only premiums \$500 & up
Visa or MasterCard (information as it appears on card)
Name on Card _____
Credit Card # _____
Auth # _____ Exp. Date _____
I hereby authorize Wilkins Livestock Insurers to debit my credit card account
Signature _____ Date _____

Indicate Coverage Desired

- Full Mortality & Theft
- Major Medical - \$5,000 or \$7,500
- Surgical Insurance
- Fertility
- Loss of Use

Name	Registration No.	Sex	Breed	Date of Birth	Acquired Date	How Acquired Private Homebred	Exact Use or Type of Event	Purchase Price	Amount of Insurance Desired

1. Are you the animal(s) sole owner? _____ Is there any indebtedness due because of change of ownership of this animal(s)? _____
Name & Address of additional insured _____
2. Have any horses owned by you been ill or died in the past 36 months? _____ State cause of illness or death and were any insured, give particulars _____
3. Has any insurance company ever cancelled any insurance or refused to insure any animal(s) in which you have or had an insurable interest? _____ If yes, give particulars _____
4. If the horse is being leased, please indicate lessee's name and address _____
5. How often was horse(s) wormed in last 12 months? _____ Method? _____

6. **JUSTIFICATION OF VALUATION**
StudFee _____ Mares Bred _____ Earnings _____
Training: _____
Show Record: _____

1. To the best of your knowledge is the above animal/animals at present normal in eyes, wind and action, and does it, in your opinion, represent a normal risk for Mortality Insurance purposes? If no, give details. Yes _____ No _____
2. Has the above animal/animals suffered from colic or any colic related illnesses at any time? If Yes, give details. Yes _____ No _____
3. Has the above animal/animals suffered from any other injury, illness or disease or undergone any surgery at any time? If yes, give details. Yes _____ No _____
4. Has there been any evidence of contagious or infectious disease in the location where animals are kept? If yes, give details. Yes _____ No _____
5. Has the above animal/animals been fired, blistered, de-nerved, operated on or received treatment or lameness at any time or does animal/animals have faulty conformation that could effect its ability to be used for its purpose? If yes, give details, Yes _____ No _____
6. Do the above animal/animals receive any medication? If yes, give details. Yes _____ No _____
7. Quarterhorse/Appaloosa/Painthorse: Does pedigree have HYPP linkage? If yes, has horse been tested? What were the results? Yes _____ No _____
8. I-We understand and agree that immediate notice and full details of any lameness, illness, injury or death of the animal will be given to the Company? Yes _____ No _____

I-We understand and agree that the policy to be issued shall be founded upon the statements contained herein, that animals which are colickers or emphysematous or bleeders or blind or nerved at or above the fetlock or orphan foals under 90 days of age, are not insurable. It is agreed by and between the Applicant/Insured and Wilkins Livestock Insurers, Inc., that any disputes between the Applicant/Insured and Wilkins arising out of or in any way connected with the procurement of insurance or the insurance itself shall be litigated, if at all, in the courts of the State of Nebraska, to the exclusion of all other jurisdictions.

I-We understand and agree that immediate notice and full details of any lameness, illness, injury or death of the animal will be given to the Company. I-We agree that this application shall be the basis of the contract and if anything be falsely stated or information withheld to influence the company's decision the insurance contract shall be null and void. It is understood, however, that the signing and filling of this application does not bind the company and no insurance shall be deemed effective unless & until this application is received and accepted by the company and any binder of coverage shall then be effective only upon receipt in the Company's office.

APPLICATION CANNOT BE PROCESSED UNLESS SIGNED

Date _____ Applicant Signature _____

