



C. Jarvis Insurance Agency, Inc.

33755 Station Street • Solon, Ohio 44139 • U.S.A.
Telephone: (440) 248-5330 Facsimile: (440) 248-8737 E-mail: info@jarvisinsurance.com
www.jarvisinsurance.com

Christina Rousseau - #67 LIVESTOCK MORTALITY APPLICATION AND STATEMENT OF HEALTH FORM (THIS IS NOT A BINDER)

(1) Applicant: _____
(2) Address: _____
City: _____ State: _____ Zip: _____
(3) Telephone: Days: _____
Eves: _____
Fax: _____
E-mail: _____

COVERAGE REQUIRED: Full Mortality Specified Perils

- \$2,500 Surgical* \$5,000 Major Medical*
- \$5,000 Surgical* \$7,500 Major Medical*
- \$7,500 Surgical* \$10,000 Major Medical*
- Loss of Use Other: _____
- Stallion Disability _____

AGREED VALUE ENDORSEMENT: Yes ___ No ___

12 MONTH EXTENSION ENDORSEMENT:
FULLY EARNED AT INCEPTION
\$25.00 per eligible horse unless rejected by Assured.
Reject _____
Initials _____

*Fully earned at inception. All others fully earned in the event of a claim payment.

PAYMENT OPTIONS

Full Payment check VISA/MC # _____ Exp. date: _____

Four Payment Plan (31% down payment attached) IF AVAILABLE

NAME OF HORSE OR PEDIGREE IF UNNAMED	REG. NO. OR COLOR	SEX (E.G. Colt Gelding)	BREED	USE	DATE OF BIRTH	DATE OF ACQUISITION	STUD FEE OR PURCHASE PRICE	AMT. OF* INSURANCE DESIRED
A.								
B.								
C.								
D.								
E.								
F.								

(4) Is there any other insurance applying to horse(s) listed? No Yes _____

(5) Does anyone else have any interest in the horse(s) listed? No Yes _____

(6) Has any Insurance Co. cancelled or declined similar insurance? No Yes _____

(7) Has any of the listed horse(s) had any illness, disease, lameness, injury, accident or physical disability in the past 2 years? No Yes _____

(8) Has there been any contagious or infectious disease on your premises during the past year? No Yes _____

(9) Have any horse(s) in your care of ownership died in the past two years? No Yes _____

(10) Mare in foal? No Yes to whom? _____
STUD FEE _____

(11) Stallions: A) Present stud fee _____ B) No. of bookings this season _____
C) No. of mares serviced last year _____

*VALUES OTHER THAN THE PURCHASE PRICE ARE SUBJECT TO ACCEPTANCE BY THE COMPANY. DETAILS OF PRIZE WINNINGS, PERFORMANCE, SERVICE FEES, NUMBER BOOKINGS AND OTHER PERTINENT INFORMATION MUST BE SUBMITTED FOR CONSIDERATION OF STATED VALUES (Use below for Details)

REMARKS / COMMENTS / SHOW RECORD: _____

NEW JERSEY: Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

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.

VIRGINIA: It is a crime to knowingly provide false, incomplete information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fine and denial of insurance benefits.

ALL OTHER STATES: 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 act, which is a crime, and may subject such person to criminal and civil penalties.

To the best of my/our knowledge and belief the horse(s) that is/are the subject of this renewal notice is/are now in sound and healthy condition and has/have not required the care of a veterinarian for any illness or injury during the past policy period. Furthermore, at the present time, the horse(s) is/are not suffering from any type of chronic or acute condition such as Laminitis, Navicular Disease, Arthritis, Neurological Disorders, Heaves, Emphysema, Bleeding, Tying-Up, Colic, EPM or Intestinal Disorders, or any type of equine malady.

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

Signature _____ Date _____

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE ASSURED WITHIN 20 DAYS OF INCEPTION.