

Insurance Carrier: StarNet Insurance Company

U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA, 30005 (866) 298-5525

APPLICATION FOR ANIMAL MORTALITY COVERAGE – THIS IS NOT A BINDER

Agent Name	Agent Code #
Signature	License Number

Name: (As it will appear on the policy)	Daytime Telephone Number ()
Mailing Address:	Evening Telephone Number ()
Mailing Address:	Fax Number ()
City, State and Zip Code	Email Address

Indicate Coverage(s) Desired (Subject to Company Approval):

General Mortality	<input type="checkbox"/>	Agreed Value / Guaranteed Renewal	<input type="checkbox"/>
Named Perils	<input type="checkbox"/>	Special Accidental Mortality	<input type="checkbox"/>
Limited Named Perils	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Loss of Use I	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Veterinary Services \$7,500 \$10,000 \$12,500 \$15,000

Surgical \$2,500 \$5,000 \$7,500 \$10,000

Bill Type: Agency Bill Direct Bill Pay Plan:

Policy Period: From _____ to _____ (Coverage begins on the date of acceptance by the Company)	COVERAGE WILL NOT BE CONSIDERED UNLESS THIS FORM IS FULLY COMPLETED, SIGNED AND DATED BY THE APPLICANT. COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.
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Please use the following codes when indicating the sex of the horse: CO - Colt, FI - Filly, GE - Gelding, ST - Stallion, MA - Mare, RI - Ridgling, HO - Horse

Animal's Name and Registration Number / Tattoo Number *	Date of Birth	Sex	Breed	Exact Use	Acquired from Name/Address	Date Acquired	Purchase Price	Limit Desired
1.								
2.								
3.								

* A photo is required for unregistered animals.

- Are you the sole owner of all animal(s) listed? YES NO. If "No", list other owner(s) and address(es). If animals are leased to others please attach a copy of the lease agreement: _____
- Was the purchase price cash, trade or both? Give particulars: _____
- Has the current or other prospective carrier refused Animal Mortality Coverage for you? YES NO. If "Yes", give details: _____
- Name of current Carrier, expiration date and any Coverage Options provided: _____
- Is there any other mortality coverage on any of the above listed animals? YES NO. If "Yes", please indicate the Company, amount of coverage and the expiration date: _____
- Give name, address and telephone of your regular Veterinarian: _____
- State the causes of any deaths of animals owned during the previous 3 years, whether covered by insurance or not: _____
- Do all animal(s) listed receive a) Quarterly deworming, b) Semi-annual Influenza and Rhinopneumonitis vaccinations, c) Annual Tetanus and Encephalitis vaccinations and d) Annual dental exam: YES NO. If "No" explain: _____
- Please indicate any fire protection devices where your horse(s) are stabled: _____
- Does anyone train your animals? YES NO. If "Yes", please provide your trainer's name, address and number of years experience: _____

11. Has any animal listed above ever been sick, diseased or injured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any animal listed above ever had colic or indigestion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any animal listed above ever had a lameness problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any animal listed above experienced birthing difficulties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is any animal listed above regularly medicated, other than routine worming and vaccinations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Does your trainer stable any of your animals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is any animal listed above not stabled at your mailing address shown?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you own any other animal(s) of this type?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If "Yes" to any of your answers to question 11, identify animal and give **full** details:

FRAUD NOTICES AND APPLICANT'S SIGNATURE

STANDARD – 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 hereto, commits a fraudulent act, which is a crime, and may subject such persons to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS – 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.

NOTICE TO COLORADO APPLICANTS – 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, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS – 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.

NOTICE TO KENTUCKY APPLICANTS – Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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.

NOTICE TO MINNESOTA APPLICANTS – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS – Any person who knowingly and with intent to defraud any insurance company or any 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, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

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

NOTICE TO NEW MEXICO APPLICANTS – 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.

NOTICE TO OHIO APPLICANTS – 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 false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS – WARNING – Any person who knowingly, and with intent to injury, 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.

NOTICE TO OREGON APPLICANTS – Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS – Any person who knowingly and with intent to defraud any insurance company or other person files and 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 subject the person to criminal and civil penalties.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY: BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT THAT BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Signature of Applicant	Printed Name of Applicant	Date	Relationship of Applicant to the Named Insured