

McNAMARA COMPANY  
 1330 EAST HIGHWAY 96  
 ST. PAUL, MINNESOTA 55110  
 (651) 426-0607 ♦ FAX (651) 426-5790  
 Watts 800-278-0607

# MORTALITY APPLICATION

THIS IS NOT A BINDER  
 www.BuyHorseInsurance.com  
 E-mail: debbietreadwell@mcnamaracompany.com

Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Indicate Coverage Desired:  Full Mortality  Guaranteed Extension  
 Major Medical  Specified Perils  Agreed Value  
 Other  Loss of Use

IF A NEW PURCHASE, COVERAGE CAN ONLY BE BOUND FOR THE PURCHASE PRICE. IF RAISED/OWNED FOR SOMETIME PLEASE SUBMIT DETAILS OF SHOW, TRAINING &/OR BREEDING RECORDS OR PRIZE WINNINGS FOR CONSIDERATION OF STATED VALUES.

\*\* Use these codes: M-Mare; S-Stallion; F-Filly; C-Colt; G-Gelding.

\* A photograph is required for unregistered animals.

Name and Registration/Tattoo No.	Date of Birth	Exact Sex	Breed	Exact Use(s)	Purchase Price	Amount of Insurance Desired	Rate
A)							
B)							

Date of Purchase Month, Year	Name and Address of Former Owner	Name of Sire	Name of Dam	If Raised, Service Fee
A)				
B)				

**\$200.00  
 Minimum  
 Premium  
 (Fully Earned)**

- Are you the animal(s) sole owner?  Yes  No If no, list other owner(s) and address(es): \_\_\_\_\_
- Was purchase made by cash or trade? \_\_\_\_\_
- Are any animals financed or leased?  Yes  No If yes, give particulars: \_\_\_\_\_
- Name and address of person having care, custody and control of animal(s): \_\_\_\_\_
- Has there been any illness or injury to above animal(s) in the past 36 months?  Yes  No  
If yes, give dates and describe fully: \_\_\_\_\_
- Has any animal listed ever had colic?  Yes  No If yes, please give details: \_\_\_\_\_
- If any animal is used in hunting or jumping events, please indicate maximum height of jumps: \_\_\_\_\_
- Is any animal unsound or unfit for its intended use? \_\_\_\_\_
- How often was animal(s) wormed in last 12 months? \_\_\_\_\_ Method of worming? \_\_\_\_\_
- Vaccination Schedule: \_\_\_\_\_
- Has any animal owned by you died in the past 3 years? \_\_\_\_\_
- Has there been previous insurance on any listed animal(s)? \_\_\_\_\_
- Have all horses received the West Nile Vaccination? \_\_\_\_\_ Please provide details \_\_\_\_\_
- Has any company canceled or refused to provide coverage for you? \_\_\_\_\_
- Date of last Coggins: \_\_\_\_\_ Result: \_\_\_\_\_
- Name/address/phone # of your regular vet: \_\_\_\_\_

I declare the above animal(s) are owned by me, and I declare the above animal(s) to be in good health and condition, and warrant the truth of the above statements. Furthermore, I have made the examining veterinarian fully aware of matters pertaining to health status and medical history. I agree that the application, if accepted by the company, 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.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR MORTALITY COVERAGE, A SATISFACTORY VETERINARIAN EXAM OR STATEMENT OF HEALTH MUST BE RETURNED WITH THIS APPLICATION.