

# DIETRICH EQUINE INSURANCE SERVICES

AND COMPANY 2527 Nelson Miller Pky, #202, Louisville, KY 40223 • 800/942-4258 • Fax: 502/638-5066 • www.dietrich-insurance.com

<b>Name and Address of Applicant for all new business and renewals</b>				<b>Coverage Required (please circle)</b>				
_____				Full Mortality	Agreed Value	Guaranteed Renewal	Aviation	Colic
Phone Number: _____				Loss of Use External or Loss of Use External & Internal (radiographs needed)				
Day _____				Surgical Only Limits: \$2,500 or \$5,000 or \$7,500 or \$10,000				
Eve _____				Major Medical & Surgical Limits: \$5,000 or \$7,500 or \$10,000 or \$12,500 or \$15,000				
e-mail _____				Excess Surgical Limits: \$2,500 or \$5,000				
Fax _____								

  

Name	Sex *	Date of Birth	Exact Use	Breed	Date Acquired	Purchase Price	Amount Insured **
HORSE #1							
HORSE #2							
HORSE #3							

\*Use these codes: M-Mare; S-Stallion; F-Filly; C-Colt; G-Gelding \*\*Amounts other than purchase price are subject to Company acceptance.

**Please Circle YES or NO:**

1. Are there any other owners? **Yes No**. Are animals financed? **Yes No** or leased? **Yes No**. If yes to any of these questions, provide full names and addresses: \_\_\_\_\_

2. Was purchase price paid by cash, trade or both? Give particulars: \_\_\_\_\_

3. Where are horses usually stabled? Name, address and telephone number of usual trainer or farm manager: \_\_\_\_\_

4. Are the animals healthy and capable of performing intended use? **Yes No**

5. Have animals been treated for accident, illness, colic, or lameness in the past 2 years? **Yes**. Give date and description of treatment: \_\_\_\_\_

(Health exceptions may require that a vet exam be completed. Contact us for instructions)

**No**. I hereby certify that the above named horses have not had any illness, injury, lameness, or disease, including- but not limited to -colic, nerving, degenerative joint disease, or laminitis.

6. Have animals been wormed and vaccinated regularly? **Yes No**

*THIS IS NOT A BINDER*

7. Has any company canceled or refused to renew your coverage? **Yes No**  
If yes, give company, date and reason given for company action \_\_\_\_\_

8. Name/address/telephone of your regular vet: \_\_\_\_\_

9. Substantiation for values. If not new purchase, supply current show/performance notes, breeding record, or appraisal. Information must be provided for renewals.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or policy issued.

**COVERAGE WILL NOT BE CONSIDERED UNLESS THIS FORM IS FULLY COMPLETED, SIGNED, AND DATED BY THE APPLICANT, AND RECEIVED WITHIN 10 DAYS OF COMPLETION.**

***PLEASE SIGN SECOND PAGE***

## FRAUD WARNING NOTICES

**STANDARD:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance of 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 person to criminal and civil penalties.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss of 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 the 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 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 the 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 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 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 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 a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, 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 PENNSYLVANIA APPLICANTS:** 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 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 WHICH 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 AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.**

Date	Signature of Applicant
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