

# LIVESTOCK MORTALITY APPLICATION

Owners Name: \_\_\_\_\_

Erland Insurance Agency, Illinois

Toll Free: 877-634-7551 Fax: 847-382-2616

Address: \_\_\_\_\_

Email: cerland@dls.net

Erland Insurance Agency, New York

Toll Free: 877-695-1233 Fax: 845-386-3303

Req Eff Date \_\_\_\_\_

Email: Jcharkin@frontiernet.net

Email: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Please make your selection below for medical coverages and billing options.**

**The medical coverages may be stacked**

Coverage Desired:  Full Mortality & Theft  Colic Endorsement + \$150  Surgical Endorsement + \$150

Major Medical Endorsement \$10,000 Limit + \$375.  Major Medical Endorsement \$15,000 Limit + \$475.

Loss of use  Ship from Europe

Premium calculation: Mortality premium: \_\_\_\_\_ + Medical premium: \_\_\_\_\_ = \_\_\_\_\_ Total

Direct bill plan, select one:  25% down 9 pay,  25% down quarterly pay,  50% down semiannual pay

or  Annual payment to Erland Insurance.

Is this:  New Business  Renewal  Add to current policy: \_\_\_\_\_

Is there any other insurance on any of the animals listed herein?  Yes  No

Chiefly kept on premises known as: \_\_\_\_\_

Do you own this horse?  Yes  No If no, please describe ownership in remarks.

Name & Address of Trainer: \_\_\_\_\_

Name: \_\_\_\_\_ Sire: \_\_\_\_\_

Breed/Reg #: \_\_\_\_\_ Dam: \_\_\_\_\_

Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Date Purchased: \_\_\_\_\_

Use: \_\_\_\_\_ \*Cash Price Paid: \_\_\_\_\_

Rate: \_\_\_\_\_ \*Amount of Insurance Desired: \_\_\_\_\_

USE REMARKS TO AMPLIFY ANY ANSWERS.

\* MUST BE COMPLETED

1. If mare in foal, name covering stallion and stud fee paid: \_\_\_\_\_

If raised foal, give stud fee: \_\_\_\_\_

2. Is the animal above named financed?  Yes  No If so, state amount, when and to whom due (include address): \_\_\_\_\_

3. Is the animal above named to be used as a hunter/jumper/eventer or for racing?  Yes  No If so, explain: \_\_\_\_\_

4. Did you lose any animals by death in the last 3 years?  Yes  No Cause of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Insured amount paid: \$ \_\_\_\_\_

5. Was purchase price cash, trade or both? \_\_\_\_\_ If any part trade, state what it consisted of and state Amount of cash paid: \_\_\_\_\_

6. Do you understand that it is required under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY OR DEATH or your claim may be denied and do you agree to do so? \_\_\_\_\_

7. Has any company ever rejected an application for insurance or cancelled a policy on the herein described animal?  Yes  No Please explain: \_\_\_\_\_

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8. Is the horse currently sound and healthy for use intended? Yes \_\_\_ No \_\_\_

9. Does the horse have any conformational problems or defects, illness, or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or degenerative disease?  
Yes \_\_\_ No \_\_\_

10. Has the horse had any colic or intestinal disorder within the last 24 months? Yes \_\_\_ No \_\_\_  
If so and if a surgical correction was done, was a resection performed? Yes \_\_\_ No \_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

11. Has the horse been nerved or received any surgical treatment of lameness? Yes \_\_\_ No \_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

12. Has the horse been examined or treated by a veterinarian for other than routine care within the past year?  
Yes \_\_\_ No \_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

13. Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months? Yes \_\_\_ No \_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

14. **Other than routine maintenance**, has the horse received any joint injections, any type of medication long or short term, or preventative treatments in the last 12 months? Yes \_\_\_ No \_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

15. For all Quarter Horses, Appaloosas or Paints: Does the horse have an ancestor known to carry HYPP? Yes \_\_\_ No \_\_\_ If "YES" please indicate HYPP status (circle one) **NN N/H H/H**

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STATEMENT OF CONDITION

Other than any condition described above or previously reported to the company, I declare to the best of my knowledge and belief the animal listed above to be in normal healthy sound condition. I further declare that other than any condition described above or previously reported to the company, during the past policy year the above listed animal has been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date