



P.O Box 14
Springtown, TX 76082

sales@reoagency.com

Toll Free: 866-736-8977
Local: 817-221-2563
Cell: 817-614-4046
Fax: 817-221-2565

Optional Coverages:	Yes	No
Major Medical - \$7,500 Limit		
Major Medical - \$10,000 Limit		
Major Medical - \$15,000 Limit		
Surgical Only		
Increased Limit for Emergency Colic Surgery		
Stallion Infertility		

Application for Horse Mortality Insurance

This is not a binder for coverage

Name and Address of Applicant(s):

Contact Information:

Home Telephone: () _____
Cellphone: () _____
Email: _____

Please select how you prefer to receive documents from our office on the following items:

Paperless:

Policies: Yes No
Billing Yes No
Renewals: Yes No

Mail:

Policies: Yes No
Billing Yes No
Renewals: Yes No

Both Forms:

Policies: Yes No
Billing Yes No
Renewals: Yes No

Name and Registration#:	Sex:	Breed:	Date of Birth:	Exact Use & Function:	Purchase Price:	Date of Purchase:	Amount of Insurance Desired:
1.							
2.							
3.							
4.							
5.							

- Are you the sole owner of the horse? If not, list owners, other party, bank or lienholder to be name on the policy. _____
- State nature of any illness or injury to above animal in the last 36 months: _____

- Have any horses owned by you died in the last 36 months? _____ Date: _____
Cause: _____
- Is this animal presently or has it previously been insured? _____ If yes, give expiration date, exact insurance amount and company's name: _____
- Method of worming used? _____ How often? : _____

6. Describe your feeding and supplement program: _____
7. Name, address and telephone number of your usual veterinarian: _____
8. Name, address and telephone and person having care, custody and control of horse if other than named insured: _____
9. Do you understand that immediate notification is required by telephone of any illness, injury, surgery, disease, or death or your claim may be denied, and do you agree to do so? _____
10. If you are insuring your horse for more than the purchase price, the amount of insurance must be justified by show record, training expenses incurred since the purchase of this animal, race winnings, stud fee paid if mare is in foal, etc. Please give information to justify value:

11. Does the above listed animal(s) travel outside of the continental United States or Canada? _____
Where? _____

I-We certify that the information shown on this application is true and correct.

Signature of Applicant(s): _____ Date: _____

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia - 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.

Colorado- 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas - An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other 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.

Maine - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico - 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.

New York - 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - 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.

Oklahoma - 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.

Oregon - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania - 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 subjects such person to criminal and civil penalties.

Tennessee, Virginia, Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

Your failure to disclose any material information that could reasonably result in a claim may result in the insurance policy/coverage that you are applying for being void and/or subject to rescission. If any of the information in this application has been falsely stated by you or if material information has not been disclosed by you which may influence the Company's underwriting decision, any insurance policy/coverage issued to you by the Company may be void and/or subject to rescission.

I/We, the undersigned, am/are applying to insure the above mentioned horse(s). I/We confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/We also acknowledge that my operation may be subject to inspection by the Company or its authorized representative.

Applicant Signature _____ Date _____

Broker Signature (NH only) _____ Date _____

Broker Name: _____

License Number: _____

Statement of Health for Horse Mortality Insurance

IMPORTANT NOTE: A separate Statement of Health must be filled out for each horse on the application. Completion and signing of this statement of health in no way binds the Company to the risk or implies coverage is in effect

Name of Applicant: _____ Name of Horse: _____

1. Is the horse currently free of lameness and healthy, without the use of drugs, for intended use? Yes No
2. Have you observed the horse in all gaits involved in its intended use? Yes No
3. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders e.g. EPM, navicular disease and/or degenerative joint disease? Yes No
4. Has the horse had any colic, impaction, colic surgery or intestinal disorders within the last 36 months? Yes No
5. Has the horse been nerved or received any surgical treatment for lameness? Yes No
6. Has horse been examined/treated by a vet for other than routine care within the last year? Yes No
7. Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 36 months? Yes No
8. Has the horse received joint injections, any type of medication long or short term, or any preventative treatments with in the last 24 months? Yes No
9. Has the horse been tested for HYPP? Yes No Results: NN NH HH
10. Has the horse received regular annual vaccinations including West Nile Virus & remained on its' regular worming program? Yes No
11. Is the animal due to foal any time during the proposed policy period? Yes No N/A
If yes, give estimated foaling date along with previous number of foals. _____
12. Was a pre-purchase exam done this year? (If yes, please attach a copy) Yes No N/A
13. If yes was answered to any question 3 through 9 please provide details:

14. Has the feeding & supplement program changed in the last year? Yes No

Explain if so _____

I understand and agree that the policy to be issued shall be founded upon this representation of owner contained herein. Prior policy information and this representation of owner shall be the basis of the contract and, if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature of Applicant(s)

Date (No more than 30 days prior to effective date)

To pay your premium by



VISA



complete and sign this form and

Return via

Fax: 817-221-2565

Email: sales@reoagency.com

Cardholder Name: _____ Applicant: (if different) _____

Billing Address: _____

Card Name (Visa, MC, Disc., AMEX):

Card Number _____ Security Code: _____ (found on back of card)

Expiration date: _____ Payment Amount: _____

Invoice# _____ (Found atop of invoice)

One Time Charge: Yes No Set up for reoccurring auto pay for installment plans: Yes No

**** By signing this form you understand that the Total Amount Due shown on the invoice is with a "cash discount" already applied. To pay by credit card, this agency discount will be added back in the Total Amount Due. This 3% charge will be added to the above Payment Amount at the time the payment is processed. ****

Signature: _____ Date: _____

R.E.O. Insurance Agency
sales@reoagency.com Fax: 817-221-2565

CHECK AUTHORIZATION FORM

If you wish to pay by check, you can attach your completed check here or complete the requested information:

Name on Account: _____ Bank Name: _____

Bank Routing Number: _____

Checking Account: Number: _____

Check/Reference#: _____ Amount: \$ _____

One Time Charge: Yes No Set up for reoccurring auto pay for installment plans: Yes No

I give R.E.O. Insurance Agency the authorization to generate a check to be drawn on the above account. I am verifying by my signature below that there are funds available for this withdrawal.

Signature: _____ Date: _____

I agree, that by signing this form, I am allowing R.E.O Insurance Agency to deduct, from the above account(s) my premium installments when they become due, this arrangement can be cancelled, in writing, by the client.