



APPLICATION FOR ANIMAL MORTALITY INSURANCE

This is not a binder. No application will be considered if not fully completed and signed by the Insured.

Agents/brokers please submit to submissions.idealam@wichert.com or send via facsimile to 330-929-7762

Desired Coverage Date _____

Owner's Name (as it should appear on the policy) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____ Fax _____

Coverage Requested:			
<input type="checkbox"/> All Risks Mortality	<input type="checkbox"/> Specified Perils	<input type="checkbox"/> Special Accident	<input type="checkbox"/> Guaranteed Renewal
<input type="checkbox"/> Frustration of Import/Export	<input type="checkbox"/> Prospective Offspring (Cattle Only)	<input type="checkbox"/> ASD Infertility (Cattle Only)	
<input type="checkbox"/> Transit from _____ to _____		<input type="checkbox"/> Other _____	

Name and Registration/Tattoo # (Sire and Dam if unnamed)	Age	Sex	Breed	Use	Purchase Date	Purchase Price	Insured Amount**	Rate

****Amounts other than purchase price are subject to Company acceptance. Please provide explanation of value.**

****If animal(s) is ever leased to others please provide a copy of the lease agreement with this application.**

- Are you the sole owner of the animal(s)? _____ If not, list owners and addresses or lien holders/banks and address _____
- Usual location of animal(s), give address and phone number _____
- Name, address and telephone number of your usual veterinarian _____
- Name and address of Loss Payee if applicable _____
- Is animal(s) on vaccination and worming program approved by a veterinarian? _____ Frequency? _____
- Is there any contagious or infectious disease on the premises, or has there been during the past 12 months? _____
- Are animal(s) presently insured? _____ Previously insured? _____ If yes to either questions, give name of company, date and amount _____
- Has any company cancelled or refused to renew your coverage? _____ If yes, give reason _____
- Has any animal(s) owned by you died within the past 24 months (whether or not insured)? Yes _____ No _____ If yes, state number of deaths and causes of death _____

DECLARATION OF HEALTH:

At inception of the policy, all animals must be sound, healthy and have no known injury, illness, lameness or disease. Any pre-existing conditions are not covered, unless otherwise noted and agreed to by the Company.

1. (a) Does the animal(s) have any history of injury, illness, lameness or disease? _____ If yes, give details, including date _____

(b) Does the animal(s) have any structural issues that could affect its ability to be used for the intended purpose? _____
If yes, give details _____
2. (a) Has the animal(s) had any veterinary treatment other than routine care or preventative vaccinations or is it unsound in any way? _____

(b) Does the animal(s) receive any medications/supplements? If yes, explain _____

3. Has any animal(s) suffered from bloat or any other gastro-intestinal related illness in the past 12 months? _____ If yes, give details, including dates _____
4. Has any animal(s) been examined or treated by a veterinarian for other than routine care? If yes, explain and give dates, _____

5. Has any animal(s) undergone surgery (other than castration)? _____ If the answer is yes, give details, including dates and results _____

6. If the animal is a breeding female, has she ever experienced birthing difficulties? _____ If yes, please describe _____

7. If the animal is pregnant, please provide the breeding date _____ and due date _____

8. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the Company's acceptance of the proposed risk?

9. Has there been any evidence of contagious or infectious disease at the location where animal is kept or in the surrounding area?
If yes, give details, including date _____

Substantiation of value on any animal insured for more than the purchase price: _____

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.

I declare to the best of my knowledge and belief that the horse(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application for insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease or death of any insured horse. Not doing so may jeopardize coverage and result in denial of any claim made.

Signature of Applicant

Date Signed

Fraud Prevention – General Warning

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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

- Arkansas** 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.
- District of Columbia** **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida** 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.
- Hawaii** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Kansas** Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy 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 is guilty of a crime and may be subject to fines and confinement in prison.
- 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.
- Louisiana** 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.
- 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** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- 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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that: <ul style="list-style-type: none"> A. The misinformation is material to the content of the policy; B. We relied upon the misinformation; and C. The information was either: <ul style="list-style-type: none"> 1. Material to the risk assumed by us; or 2. Provided fraudulently. For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.
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.
Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
Rhode Island	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.
Tennessee	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.
Virginia	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.
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.
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.

Contact Information

Producers Edge Insurance Co. LLC
204 E Market Street Crawfordsville, IN 47933

Spencer Malcolm

260-444-7875

Malcolm.spencer94@gmail.com

Austin Boling

765-585-6148

Austin.producersedge@gmail.com

Anna Murphy

217-825-3320

Amurphy.producers@gmail.com

Office Email Address

producersedgeoffice@gmail.com

LIVESTOCK MORTALITY INSURANCE COVERAGE APPLICATION

THIS IS NOT A BINDER. NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED.

Desired Effective Date: _____ Primary Contact: _____

Applicant's Name (as it should appear on the policy): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____

COVERAGE REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> Mortality | <input type="checkbox"/> Frozen Semen & Embryos– Transit |
| <input type="checkbox"/> Frozen Semen & Embryo – Storage | <input type="checkbox"/> Territorial Extension to include (list countries): _____ |
| <input type="checkbox"/> Aggregate Deductible | _____ |
| <input type="checkbox"/> Per Occurrence Deductible | <input type="checkbox"/> Waiver of Sole Ownership |

Name and Registration #, Tattoo #, or Identification	Birth Month/Year	Sex	Species	Use	Purchase Date	Purchase Price	Insured Amount**	Interest (%)

** Amounts other than purchase price are subject to acceptance; please provide justification of value**

Is the applicant domiciled in the United States of America? Yes No

Has any company cancelled or refused to offer coverage to the applicant? Yes No

If yes, please explain: _____

Is this risk currently insured? Yes No If yes, with whom? _____

Please explain if applicant owns, operates, or has financial interest in any other livestock operations:

Are all animals on vaccinations and worming programs approved by a veterinarian: Yes No

What is the frequency of the vaccination and worming program? _____

Is there any contagious disease on premises, or has there been during the past 12 months? Yes No

Are there any other facts within your knowledge not already disclosed affecting or likely to affect the company's acceptance of the request for insurance? Yes No

If yes, please provide details: _____

STATEMENT OF HEALTH: PLEASE COMPLETE ONE PAGE FOR EACH ANIMAL ON SCHEDULE

At the inception of the policy, all animals must be sound, healthy, and have no known injury, illness, lameness, disease, or disability. Any pre-existing conditions are not covered, unless otherwise noted and accepted by the company.

1. Does the animal(s) have any history of injury, illness, lameness, disease, or disability? Yes No

If yes, please provide details and animal's name: _____

2. Does the animal(s) have any past confirmation problems or defects, illness or disease, injury or disability that could affect its ability to be used as intended? Yes No

If yes, please provide details: _____

3. Has the animal(s) received any type of medication (long or short term) for anything other than preventative treatment in the last 24 months? Yes No

If yes, please list medications: _____

4. Has the animal(s) been examined or treated by a veterinarian for anything other than routine care in the past 12 months?

Yes No

If yes, please provide details: _____

5. Has the animal(s) had any bloat or other gastro-intestinal disorder in the past 3 years? Yes No

If yes, please provide details: _____

6. Has the animal(s) undergone any surgery (other than castration)? Yes No

If yes, please provide details: _____

7. If the animal is a breeding female, has she ever experienced birthing difficulties? Yes No

If yes, please provide details: _____

8. If the animal(s) is a female, is she pregnant? Yes No

If yes, provide last service date and expected due date: _____

Are there any other facts within your knowledge not already disclosed affecting or likely to affect the Company's acceptance of the request for insurance?

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.

I declare to the best of my knowledge and belief that the animal(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted, or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application of insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease, disability, or death of any insured animal. Not doing so may jeopardize coverage and result in denial of any claim.

I understand that it is required under the policy to do the following in the event of a loss, and that not doing so may jeopardize coverage and result in denial of any claim made:

- Give immediate notice by telephone of any loss to insured livestock.
- Do not remove dead livestock until authorized by us, unless legally required to do so.
- Preserve any physical evidence relating to the cause of loss to insured livestock to assist with our claim investigation.
- Have a licensed veterinarian perform a post-mortem examination on the livestock that have died in a loss, at your expense, verifying the cause of death.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FRAUD NOTICE – GENERAL WARNING

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.

STATE SPECIFIC PROVISIONS

- Arkansas** 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 damage. Any Insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regarding to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia** WARNING: It is a crime to provide false or misleading information to an insured for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Hawaii** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefits is a crime punishable by fines or imprisonment, or both.

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.
Louisiana	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.
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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
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	<p>All commercial insurance forms, except as provided for automobile insurance: Any person who knowing 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 civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.</p> <p>Automobile insurance forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.</p> <p>Fire insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or concealed for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall be grounds to rescind the insurance policy.</p>
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of 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, 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 MAY BE guilty of insurance fraud. (In this statement the "intent" and "may be guilty" could make it acceptable even though the "false or deceptive statement" is not identified as material.)

Pennsylvania	<p>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.</p> <p>Auto: Any person who knowingly and with intent to injury or defraud any insurer files an application or claim containing any false, incomplete, or misleading, information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.</p>
Puerto Rico	<p>Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assists or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollar (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisonment for the fixed jail term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are presented, the jail term may be reduced to a minimum of two (2) years.</p>
Rhode Island	<p>Property Insurance, Real or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.</p>
Tennessee	<p>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.</p>
Virginia	<p>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.</p>
West Virginia	<p>Any person 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.</p>

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Spencer Malcolm

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