

EQUINE INSURANCE APPLICATION : **STARNET**



Agri-Risk Services, Inc.

7540 W. 160th Street, Suite 100 * Overland Park, KS 66085
 Tel: (913) 897-1699 * Fax: (913) 897-1444
 Toll Free: 1-800-821-5558 *E-mail: info@agrisk.com
 Websites: www.agrisk.com www.equineinsurance.org

Applicant Name:	Phone Home	
dba Name:	Business	
Street:	Cell - 1	
City, State, Zip	Cell - 2	
	Fax:	
Email #1:	Email #2	

Desired Effective Date : _____

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

Non-Registered animals - Please Provide 3 Photos (each side and front) **Use these codes: M - Mare; S - Stallion; F - Filly; C - Colt; G - Gelding * Amounts other than purchase price are subject to Company acceptance. See #8.**
NOTE: THIS IS NOT A BINDER. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

- Are you making payments on the horse(s)? _____
- Is any horse listed above being leased or taken on trial? _____
 If yes to either question, list name and address of current owner/lien holder: _____

- Is any horse listed above stabled outside of the United States? _____
- Name, address and phone number of your usual veterinarian: _____

- List current or maintenance medication(s), other than vaccines and wormers: _____

- Has any company canceled or refused to renew your coverage? _____
 If yes, give company, date and reason given for company action. _____

- Has any horse owned by you died in the past three years? _____
 If yes, state cause(s) and date(s). _____

Coverage Requested

<input type="checkbox"/> Full Mortality & Theft	<input type="checkbox"/> Accidental Loss of Use #1
<input type="checkbox"/> Major Medical (Includes Surgery)	<input type="checkbox"/> Loss of Use #2
(Check Limit): <input type="checkbox"/> 5,000 <input type="checkbox"/> 7,500 <input type="checkbox"/> 10,000	<input type="checkbox"/> Stallion Infertility
<input type="checkbox"/> Surgical only (Check Limit)	<input type="checkbox"/> Aviation
<input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 7,500 <input type="checkbox"/> 10,000	<input type="checkbox"/> Agreed Value/Guaranteed Renewal

Premium Payment Options

Secure Pay On-line Now Available!

- Premium Financing** (premiums of \$300 or more): 25% Down payment or \$150, whichever is greater. Balance paid in 8 monthly installments, interest applies.
- Direct Bill** (\$6.00 fee per installment applies), make check payable to **STARNET**
 - 50% down (Premiums of \$200.00 or more) with application and 1 payment 90 days later
 - 40% down (Premiums of \$250.00 or more) with application and 2 payments 90 days apart
 - 25% down (Premiums of \$400.00 or more) with application and 3 payments 60 days apart
- Full payment with application**
- Visa or Master Card** : Card No. _____
 Exp. Date: _____ *3 Digit CVN : _____
 *Street Address: _____

*For your protection, the **3 digit CVN** (Card Verification Number) on the back of your credit card and **street address** (if different from mailing address) **with zip code** is required for processing. The 3 digit CVN is usually printed on the signature panel on the back of the card immediately after the card number or partial card number. For simplicity, the CVN is always the last three digits shown on the signature panel.

- For any horses not insured at purchase price, supply stud fee, performance/show record, breeding record, and/or level of training. _____

9. I declare, to the best of my knowledge, that the animals named above have been free from illness, injury, lameness or disease. These animals have not had any type of colic or gastrointestinal disorders, de-nerving, degenerative joint disease, founder, laminitis or surgery of any kind, nor required the care of a veterinarian (other than routine care) except as noted: _____

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. **Concealment or Fraud:** This policy is void if YOU have concealed or misrepresented any material fact or circumstance relating to this insurance. I have read and understand the FRAUD WARNING NOTICES on page 2 of this document.

Applicant's Signature _____ **Date** _____

FRAUD NOTICES AND APPLICANT'S SIGNATURE

STANDARD – 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.

NOTICE TO ARKANSAS APPLICANTS – 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.

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 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 any 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 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 any 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 such 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 NEW MEXICO APPLICANTS – 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.

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 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 OREGON APPLICANTS – Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS – Any person who knowingly and with intent to defraud any insurance company or other person files and 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 THAT 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 AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

How did you hear about us? (Check one)

YAHOO GOOGLE

MAGAZINE REFERRAL Name: _____

Can we send you information on: FARMOWNERS COMMERCIAL STABLE LIABILITY
 TACK PERSONAL HORSEOWNERS
 CARRIAGE RIDES CARE, CUSTODY OR CONTROL
 Other: _____

NOTICE TO ALL STATES: It is an insurance coverage requirement that the company be immediately notified of any loss, injury, illness and/or commencement of any "veterinary services" or "diagnostic testing" performed on any animal. Company permission prior to elective surgical procedures is also an insurance coverage requirement. Failure to comply with such requirements could jeopardize coverage or claim settlement.

Signature of Applicant	Date
_____	_____