

# Argonaut Insurance Company



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## Renewal Application

Name of Insured: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Breed: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Horse's Exact Use: \_\_\_\_\_ Level: \_\_\_\_\_ Insured Value<sup>+</sup>: \_\_\_\_\_

<sup>+</sup> Insured amount should not exceed the horse's current fair market value.

Last Year's Policy Number: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Loss Payee or Additional Insured Name: \_\_\_\_\_

Broker: \_\_\_\_\_ Broker License Number: \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is the horse currently sound and healthy for the use intended?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does the horse have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, Osteochondritis Dissecans (OCD), neurological disorders, navicular disease, and/or degenerative joint disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Has the horse had any colic or intestinal disorder within the last 36 months?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has the horse been nerved or received any surgical treatment for lameness?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Has the horse been examined or treated by a veterinarian for anything <b>other</b> than routine care within the last year?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Has the horse received any joint injections in the last 12 months? If yes, please specify joints injected, dates, and reasons for injections below.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Has the horse received any type of medication long or short term, or any preventative treatments in the last 12 months?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Does the horse receive any other medications/supplements?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Are there any other current or prior health conditions to which the horse has been exposed?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Will the horse be outside the contiguous United States or Canada during the coverage period?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**If "yes" was answered to any question(s) 2 through 10, please provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work. For question 11, provide details including dates and locations for coverage consideration.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide updated information on the horse's show/competition record, training, or breeding information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Coverages Available

- |  |   |
|--|---|
| <input type="checkbox"/> Equine Catastrophic Accident and Illness (annual limit \$5,000) | <input type="checkbox"/> External Injury Only Loss of Use                     |
| <input type="checkbox"/> Equine Medical and Surgical (annual limit \$7,500)              | <input type="checkbox"/> Accident, Sickness, and Disease Stallion Infertility |
| <input type="checkbox"/> Equine Medical and Surgical (annual limit \$10,000)             | <input type="checkbox"/> Third Party Liability (not available in MT or VT)    |
| <input type="checkbox"/> Equine Medical and Surgical (annual limit \$15,000)             | <input type="checkbox"/> Territorial Limits Including Transit                 |
| <input type="checkbox"/> Surgical Only   | (Must complete question 11 above.)  |

**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 or an application 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.

\_\_\_\_\_  
*Signature of applicant(s) of above named horse(s)*

Date: \_\_\_\_\_  
*(must be no more than 60 days prior to policy effective date)*

\_\_\_\_\_  
*Broker signature (required in NH)*

Date: \_\_\_\_\_  
*(must be no more than 60 days prior to policy effective date)*