

# PRAIRIE STATES INSURANCE AGENCY, INC

1216 NW 50<sup>th</sup> – Oklahoma City, OK 73118 – Phone: 800-627-4677

## Animal Mortality Insurance Application & Declaration of Health

### Owner(s) Information:

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location of Animals: \_\_\_\_\_

Policy # \_\_\_\_\_

Daytime Tel. # \_\_\_\_\_

Evening Tel # \_\_\_\_\_

Fax # \_\_\_\_\_

### Animal(s) Identification

<u>Name &amp; Breed</u>	<u>Registration #</u>	<u>Sex</u>	<u>DOB</u>	<u>Purchase Date &amp; Amount</u>	<u>Requested Sum Insured</u>
1. _____	_____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	_____	\$ _____	\$ _____

1. Are you the sole owner? Yes  No  If answer is No, please provide details of **Loss Payee** \_\_\_\_\_

2. Have any animals owned by you died in the last 36 months? Yes  No  If yes, please state cause of death and if insured \_\_\_\_\_

3. To your knowledge has any veterinarian or insurance company turned down insurance on the above animals? Yes  No  If yes, please provide details \_\_\_\_\_

4. Have the above animal(s) been insured, previously or presently? Yes  No  If yes, please provide details. \_\_\_\_\_

5. If animal(s) is now being leased please provide details. \_\_\_\_\_

6. How often are the animal(s) wormed and vaccinated? \_\_\_\_\_

7. Please identify person having care, custody and control of animal(s) \_\_\_\_\_

8. Has the above referenced animal(s) suffered from any illness, disease or undergone any diagnostics or surgery during the last 12 months? Yes  No  If yes please provide details \_\_\_\_\_

9. Has there been any contagious or infectious disease at facility where the animal(s) are kept? Yes  No  If yes, please provide details \_\_\_\_\_

10. Has the animal suffered any lameness, tendon problems or received any treatment for lameness at any time? Yes  No  If yes, please provide details \_\_\_\_\_

11. Is/are the animal(s) normal in eye, wind and action to the best of your knowledge? Yes  No

12. Do you understand that **immediate notice** must be given to the Company in the event of **any** injury, illness, operation, disease or death of an insured animal? Yes  No

### DECLARATION

TO THE BEST OF MY KNOWLEDGE THE ABOVE ANIMAL IS SOUND WITH NOTHING DETRIMENTAL TO GOOD HEALTH AND BREEDING. THE ANIMAL IS MY OWN PROPERTY OR I HAVE DEFINITE FINANCIAL INTEREST IN IT, AND IS NOT NOW INSURED ELSEWHERE. I ATTEST TO THE TRUTH OF ALL THE ABOVE AND I HAVE NOT MISREPRESENTED ANYTHING TO INFLUENCE THE DECISION OF THE AGENCY. THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT FOR THE APPLIED INSURANCE AND IF ANYTHING IS FALSELY STATED, NOW OR AT ANY ALTERATION IN THE FUTURE, THE AGENCY HAS THE RIGHT TO VOID THE CONTRACT.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By Owner or his/her Agent