SHADLE INSURANCE www.shadleinsurance.biz

Shadle Insurance

209 Oak Hill Rd #111

87 - 042090

Producer's Name

Agency Code

Mail Address

ANIMAL MORTALITY APPLICATION for HORSES

Applicant's Name

Mail Address

City, ST Zip



(Minimum Earned Policy Premium \$250.00 All policy documents will be sent electronically)

Paso Robles, CA 93446				none								
Phone 888-821-7629				Fax								
Fax 805-462-3275				E-Mail Addres								
E-mail Address Elizabeth@shadleinsurance.biz				Policy Term Desired (maximum term 12 months):								
	ndividual Partnership Corp			re 🗌 Limit				<u> </u>	7.7			
	osed Effective Date:age begins on the date of acceptance by the Comp		sement _		(Policy Number) (A	nstallment Payr vailable on Premium	s over \$500) \$	\$8 Char	ge Per	Installm	ent	
A. <i>A</i>	Animal Name	Date of Birth	Date of	f Purchase	Purchase Price	(or stud fee if raised)	Requeste	<u>d Lim</u>	it of I	<u>nsura</u>	<u>nce</u>	
Ident	tification (Sire/Dam, Registration#, Tattoo#, Micro	L ochip#, or Pictures if unr	registered)	Sex (Stallion,	Mare, Colt, Filly, Gelding)	<u>Breed</u>			Use	<u>e</u>		
Prim	ary Stable Location:			•		1	1					
B. <u>A</u>	Animal Name	Date of Birth	Date of	f Purchase	Purchase Price	(or stud fee if raised)	Requeste	d Lim	it of I	nsura	nce	
Ident	tification (Sire/Dam, Registration#, Tattoo#, Micro	ochip#, or Pictures if unr	egistered)	Sex (Stallion,	Mare, Colt, Filly, Gelding)	Breed			Use	<u>e</u>		
Prim	ary Stable Location:											
												
	A II I	imite of Inc.			40.000000000							
	For a Requested Limit of Insurance				to company a Price, complete a		ubstantia	tion (of Va	lue.		
	Type of Coverage	Requested: (M	/ajor Medi	ical and Loss	of Use coverage p	remium is non-re	efundable)					
АВ		АВ			<u> </u>	АВ	,					
ПП	Mortality - Full	ППМ	sior Modi									
==				ical \$7,500	\$340	Loss			_			
	Mortality - Limited	☐ ☐ Ma	ajor Medi	ical \$10,000	\$450	Loss	s of Use-L					
	Mortality - Limited Renewal Protection	☐	ajor Medi ajor Medi	ical \$10,000 ical \$15,000	\$450 \$675	Loss	s of Use-L gical \$5,0	00 Lir	mit			
	Mortality - Limited	Ma Ma 00 Ma	ajor Medi ajor Medi ajor Medi	ical \$10,000 ical \$15,000	\$450 \$675 high deductible	Loss	s of Use-L gical \$5,0 regate De	00 Lir	mit			
	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$20	Ma Ma 00 Ma	ajor Medi ajor Medi ajor Medi	ical \$10,000 ical \$15,000 ical \$10,000	\$450 \$675 high deductible	Loss	s of Use-L gical \$5,0 regate De	00 Lir ductil <u>Hors</u>	mit ole se A	Hors	se B	
	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$20 Major Medical \$7,500, Basic \$30	Ma Ma 00 Ma 00 Ad	ajor Medi ajor Medi ajor Medi ccident, S	ical \$10,000 ical \$15,000 ical \$10,000 Sickness and	\$450 \$675 high deductible d Disease	☐ ☐ Loss ☐ ☐ Surg ☐ ☐ Agg ☐ ☐ Othe	s of Use-L gical \$5,0 regate De er	00 Lir ductil	mit ole se A N	Υ	N	
1.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$2(Major Medical \$7,500, Basic \$3(Was a pre-purchase exam completed	Ma OO	ajor Medi ajor Medi ajor Medi ccident, S of the exa	ical \$10,000 ical \$15,000 ical \$10,000 Sickness and	\$450 \$675 high deductible d Disease	Loss Surg Agg Othe	s of Use-L gical \$5,0 regate De er any.	00 Lir ductil <u>Hors</u>	mit ole se A			
	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$20 Major Medical \$7,500, Basic \$30	Ma OO	ajor Medi ajor Medi ajor Medi ccident, S of the exa	ical \$10,000 ical \$15,000 ical \$10,000 Sickness and	\$450 \$675 high deductible d Disease	Loss Surg Agg Othe	s of Use-L gical \$5,0 regate De er any.	00 Lir ductil	mit ole se A N	Υ	N	
1. 2. 3.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$2(Major Medical \$7,500, Basic \$3(Was a pre-purchase exam completed Has the horse been examined or treat	Ma OO	ajor Medi ajor Medi ajor Medi ccident, S of the exa rian for an	ical \$10,000 ical \$15,000 ical \$10,000 ickness and imination results y accident, in	\$450 \$675 high deductible d Disease	Loss Surg Agg Othe	s of Use-L gical \$5,0 regate De er any.	00 Lir	mit ole Se A N	<u>Y</u>	N	
1.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$26 Major Medical \$7,500, Basic \$36 Was a pre-purchase exam completed Has the horse been examined or treathan routine care within the last year Is the horse currently free of lamenes Has the horse undergone diagnostic	Magnetic Mag	ajor Mediajor Mediajor Mediajor Mediajor Medicident, Softhe examinan for an hout the uscan, or x	ical \$10,000 ical \$15,000 ical \$10,000 ickness and imination results in accident, in itse of drugs? icrays within the	\$450 \$675 high deductible d Disease ults may be request jury, sickness, dise	Loss Surg Su	s of Use-L gical \$5,0 regate De er any. or other	00 Lir	mit ole	<u>Y</u>	N	
1. 2. 3.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$26 Major Medical \$7,500, Basic \$36 Was a pre-purchase exam completed Has the horse been examined or treat than routine care within the last year' Is the horse currently free of lamenes	Ma M	ajor Mediajor Mediajor Mediajor Mediajor Mediajor Mediacident, Softhe exarian for an hout the uscan, or x s or defect	ical \$10,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, dise he last 36 months? disease, lameness,	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other	Hors	mit ole	Y	N	
1. 2. 3.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$28 Major Medical \$7,500, Basic \$38 Was a pre-purchase exam completed Has the horse been examined or treathan routine care within the last year Is the horse currently free of lamenes Has the horse undergone diagnostic Does the horse have any past confor disability including, but not limited to: degenerative joint disease? Has the horse been nerved or receive	Ma M	of the exarian for an hout the uses or defect, OCD, ne	ical \$10,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, disease, lameness, sorders (e.g. EPM)	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or	Hors	mit ole	Y	N	
1. 2. 3. 4.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$28 Major Medical \$7,500, Basic \$38 Was a pre-purchase exam completed Has the horse been examined or treathan routine care within the last year Is the horse currently free of lamenes Has the horse undergone diagnostic Does the horse have any past confor disability including, but not limited to: degenerative joint disease?	Ma M	of the exarian for an hout the uses or defect, OCD, ne	ical \$10,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, disease, lameness, sorders (e.g. EPM)	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or	Hors Y	mit ole	Y		
1. 2. 3. 4. 5. 6.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$2t Major Medical \$7,500, Basic \$3t Was a pre-purchase exam completed Has the horse been examined or treathan routine care within the last year' Is the horse currently free of lamenes Has the horse undergone diagnostic Does the horse have any past confor disability including, but not limited to: degenerative joint disease? Has the horse been nerved or received Has the horse received any joint injections.	Magnotic Mag	of the exarian for an hout the uses or defect, OCD, ne	ical \$10,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, disease, lameness, sorders (e.g. EPM)	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or	Hors Y	mit ole		N	
1. 2. 3. 4. 5. 6. 7. 8.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$20 Major Medical \$7,500, Basic \$30 Was a pre-purchase exam completed. Has the horse been examined or treathan routine care within the last year. Is the horse currently free of lamenes. Has the horse undergone diagnostic. Does the horse have any past confor disability including, but not limited to: degenerative joint disease? Has the horse been nerved or received that the horse received any joint injectant 36 months? Has the horse had any colic, colic sut is the horse due to foal any time during the same statement of the	Magnotions, any type of	of the exarian for any scan, or x s or defect, OCD, ne for lamene for intestination or intestination or Media (1998).	ical \$10,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, disease, lameness, sorders (e.g. EPM)	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or	Hors Y	mit ble			
1. 2. 3. 4. 5. 6. 7.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$2t Major Medical \$7,500, Basic \$3t Was a pre-purchase exam completed. Has the horse been examined or treathan routine care within the last year' Is the horse currently free of lamenes. Has the horse undergone diagnostic. Does the horse have any past confor disability including, but not limited to: degenerative joint disease? Has the horse been nerved or received that the horse received any joint inject last 36 months? Has the horse had any colic, colic su Is the horse due to foal any time during the service of the se	Magnotic Mag	of the examination of the examin	ical \$10,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, disease, lameness, sorders (e.g. EPM) ort term, or any pre-	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or	Hors Y	mit ole			
1. 2. 3. 4. 5. 6. 7. 8.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$20 Major Medical \$7,500, Basic \$30 Was a pre-purchase exam completed. Has the horse been examined or treathan routine care within the last year. Is the horse currently free of lamenes. Has the horse undergone diagnostic. Does the horse have any past confor disability including, but not limited to: degenerative joint disease? Has the horse been nerved or received that the horse received any joint injectant 36 months? Has the horse had any colic, colic sut is the horse due to foal any time during the same statement of the	Ma OO	ajor Mediajor Mediajo	ical \$10,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, disease, lameness, sorders (e.g. EPM) ort term, or any pre-	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or	Hors Y	mit ble			
1. 2. 3. 4. 5. 6. 7. 8. 9.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$2t Major Medical \$7,500, Basic \$3t Was a pre-purchase exam completed Has the horse been examined or treathan routine care within the last year' Is the horse currently free of lamened Has the horse undergone diagnostic Does the horse have any past confordisability including, but not limited to: degenerative joint disease? Has the horse been nerved or received Has the horse received any joint injectlast 36 months? Has the horse due to foal any time during the stream of the str	Magnotic Mag	of the exarian for an hout the user, OCD, ne for lamene for intestina Policy Per revious For Mares only	ical \$10,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, dise he last 36 months? disease, lameness, sorders (e.g. EPM) ort term, or any pre-	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or	Hors Y	mit ble			
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$26 Major Medical \$7,500, Basic \$36 Was a pre-purchase exam completed. Has the horse been examined or treathan routine care within the last year Is the horse currently free of lamenes. Has the horse undergone diagnostic Does the horse have any past confor disability including, but not limited to: degenerative joint disease? Has the horse been nerved or received Has the horse received any joint injectast 36 months? Has the horse due to foal any time during Yes, please give: Estimated Foaling Date: Has the horse ever experienced birth Does the horse have an ancestor knows. Has the horse been HYPP test N/N	Magnotic Mag	of the exarian for an hout the use scan, or x s or defect, OCD, ne for lamene f medication revious For Mares only P? If No, I e check th //H	ical \$10,000 ical \$15,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, disease, lameness, sorders (e.g. EPM) ort term, or any pre- thin the last 36 more	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or	Hors Y	mit ble			
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$26 Major Medical \$7,500, Basic \$36 Was a pre-purchase exam completed. Has the horse been examined or treathan routine care within the last year. Is the horse currently free of lamenes. Has the horse undergone diagnostic. Does the horse have any past confordisability including, but not limited to: degenerative joint disease? Has the horse been nerved or received. Has the horse received any joint injectast 36 months? Has the horse due to foal any time during Yes, please give: Estimated Foaling Date: Has the horse ever experienced birth Does the horse have an ancestor known. B. Please check the HYPP test research.	Magnotic Mag	of the exarian for an hout the use scan, or x s or defect, OCD, ne for lamene f medication revious For Mares only P? If No, I e check the large of the lamene for lamene for lamene for intestina policy Per revious For Mares only P? If No, I e check the large of the lamene for lamene for intestina policy Per revious For Mares only P? If No, I e check the large of the l	ical \$10,000 ical \$15,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible did Disease Lits may be request jury, sickness, disease, lameness, sorders (e.g. EPM) Lort term, or any present thin the last 36 more studies. Studies: On to question 12. High Da DB	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or ents in the	Hors Y	mit ble			
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Mortality - Limited Renewal Protection Major Medical \$5,000, Basic \$26 Major Medical \$7,500, Basic \$36 Was a pre-purchase exam completed. Has the horse been examined or treathan routine care within the last year Is the horse currently free of lamenes. Has the horse undergone diagnostic Does the horse have any past confor disability including, but not limited to: degenerative joint disease? Has the horse been nerved or received Has the horse received any joint injectast 36 months? Has the horse due to foal any time during Yes, please give: Estimated Foaling Date: Has the horse ever experienced birth Does the horse have an ancestor knows. Has the horse been HYPP test N/N	Magnotic Mag	of the exarian for an hout the use scan, or x s or defect, OCD, ne for lamene f medication revious For Mares only P? If No, I e check th //H	ical \$10,000 ical \$15,000 ical \$15,000 ical \$10,000 ical	\$450 \$675 high deductible d Disease ults may be request jury, sickness, disease, lameness, sorders (e.g. EPM) ort term, or any pre- thin the last 36 more Stud fee:	Loss Surg Surg Surg Surg Surg Surg Surg Surg	s of Use-L gical \$5,0 regate De er any. or other sical e, and/or ents in the	Hors Y	mit ble			

12.	Will the horses be observed and cared for daily? ☐Yes ☐No If No, explain:
13.	Who was each horse acquired from?
14.	Are you the sole owner of the horses? ☐Yes ☐No If No, provide other owner's % of interest, name and address:
15.	Loss Payee(s):
	(Name and Address)
16.	If the Purchase Price was not paid entirely in cash, please describe the transaction in detail.
17.	Are the horses leased to others? Yes No If Yes, please attach a copy of the lease(s).
18.	Is there any other insurance on the horses? \[\textstyle Yes \text{No} \text{If Yes, provide the carrier name:} \]
	Expiration date: Amount of coverage:
19.	Has any insurance carrier ever canceled, non-renewed or refused to insure any horse in which you have or had an insurable interest? Yes No If Yes, provide details: (Not applicable in MO)
20.	Have you lost any horse in the last 5 years (whether or not insured) or have any medical/surgical or colic claims been filed on the above listed horse? Yes No
	If Yes, give date, cause, value and explain:
21.	Name, address, and telephone number of the horse's primary licensed Veterinarian:
22.	Do you understand that the insurance policy you are applying for requires you to give the Company immediate notice of any covered animal's death, injury, sickness, or disease, along with a description of the condition and the name of the attending veterinarian? Do you also understand that failure to give this immediate notice may result in the denial of a claim? Yes No
Plea	se provide details for any "Yes" answers to questions 2,4,5,6,7,8,10 and 11c. and any "No" answers to questions 3 and 22.
	 Note: A Veterinarian Certificate of Exam is required if: Horse is under 6 months of age Horse is over 16 years of age Horse is valued over \$50,000 You have not known the horse over 30 days (A pre-purchase exam no older than 30 days can be submitted in place of the vet exam) Check payment plan of your choice: Full pay (balance of premium due)
	Semi-annual (available premium over \$500) 60% down + \$16 feeQuarterly (available on premium over \$1000) 35% down +\$32 fee

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.) NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHE THAN YOU INCONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AN PRIVILEGED INFORMATION COLLECTED BY USOR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIE WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEWYOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUES CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS ANDOUR PRACTICES REGARDING SUC INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMITA REQUES TO US.
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE ORSTATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME ANY SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVILPENALTIES. (Not applicable in CO, DC, FL HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDINGTHE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IFFALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANAPPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.
IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE ORBELIEF THAT IT WILL BE PRESENTED TO OR BY 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 FOR PERSONAL OR COMMERCIAL INSURANCE, OR ACLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TOCONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATIONCONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY ORANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FORTHE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BEA CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OFDEFRAUDING THE COMPANY PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THEANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HERKNOWLEDGE.
APPLICANTS SIGNATURE DATE (Must be no more than 30 days prior to policy effective date)

PRODUCERS NAME(Please Print)

PRODUCERS SIGNATURE

STATE PRODUCER LICENSE NO. (Required in Florida)