

Shadle Insurance



(888) 821-7629

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Below are brief explanations of available coverage for the **HORSE INSURANCE** through The Hartford,

Mortality/Theft Coverage *There is a minimum policy premium of \$250.00 per policy.*

This policy covers the horse if death occurs due to an accident, illness, disease, injury, or humane destruction where the vet can certify that the animal's condition is incurable and so excessive that immediate destruction was necessary for humane reasons. The company will pay the insured mortality/theft value of the horse. We can insure the horse for the purchase price within the first year of ownership. If a higher value is requested please supply us with a show record or provide a letter stating how much you have paid for training fees (this does not include board, farrier or veterinary fees) to justify any increase. You **must** have a Mortality/Theft policy in order to be eligible to receive Major Medical, Surgical, Loss of Use, Stallion Infertility, and/or Air Transit coverage. All pre-existing and congenital conditions are **not** covered. We can write new business on any horses aged 24 hours old through age 16. Renewal policies will be offered through age 20, however the rates will increase each year on horses over the age of 14. A vet exam is required for **all** horses over \$50,000.00 in value, for all horses that have been purchased within 30 days of the policy effective date and for all horses ages 16 and older. A vet exam is also required if a foal is under 6 months of age. To insure a foal it must be at least 24 hours old. In all other cases, we only require that you sign the statement of condition, which states that the horse has not been seen by a veterinarian for other than routine care. Horses **free** of pre-existing colic conditions automatically receive \$3,000 worth of colic surgery, or 50% of the limit of insurance for the covered animal, whichever is less.

Loss of Use Coverage (no pre-existing injuries or conditions are covered)

The horse must be in good health, with no injuries, sickness, disease, or lameness issues past or present. To qualify for LOU the horse must be between the ages of 3 to 12. Please contact our offices for questions on any specific conditions you think may not meet requirements. The rate is 3.0% of the mortality value listed on the policy. A vet exam with full x-rays is required. This endorsement will payout 60% of insured mortality value of the horse. Please be aware that the veterinarian must make a written statement that the horse is

PERMANENTLY disabled. The veterinarian must be sure that the horse will never be able to perform at a level comparable or close to that level, it was working prior to the sickness, injury or disease that caused the disability.

Limited Loss of Use Coverage(no coverage for pre-existing conditions or degenerative disease)

The horse must be in good health, with no injuries, sickness, disease, or lameness issues past or present. To qualify the horse must be between the ages of 3 to 12. The rate is 2.25% of the mortality value listed on the policy. A vet exam is required. Horses with navicular disease, arthritis, or degenerative joint disease do not qualify for payout under this endorsement. This endorsement will provide a payout of 60% of insured mortality value of the horse. Please be aware that the veterinarian must make a written statement that the horse is

PERMANENTLY disabled. The veterinarian must be sure that the horse will never be able to perform at a level comparable or close to that level, it was working prior to the sickness, injury or disease that caused the disability.

Major Medical Endorsements (no pre-existing or congenital conditions, no elective or cosmetic procedures) Horse must be between the ages of 30 days old through and 18 years old to qualify for coverage. Tildren is not covered. Major medical premium is not refunded if the policy is cancelled (you no longer want coverage or the horse is sold) and is fully earned upon issuance of the policy.

-\$15,000.00 Major Medical per horse per year with a \$300.00 deductible per claim. The cost for this coverage is \$675.00 per horse per year. This coverage provides for medical treatment costs and the insured is reimbursed for reasonable & customary fees. Surgery must be performed at a school of veterinary medicine or at a surgical clinic and under general anesthesia. Stem Cell, IRAP and PRP therapy procedures will be considered for coverage under this endorsement up to a maximum of \$1500 per horse for each separate, unrelated and non-reoccurring incident of injury, lameness, disease, illness or physical disability. This covers 100% of diagnostic ultrasound and radiographs, all other diagnostic imaging will be 50% paid by the insurance and 50% paid by the insured.

-\$10,000 Major Medical per horse per year with a \$300 deductible per claim. The cost for this coverage is \$450.00 per horse per year. This coverage provides for medical treatment costs and the insured is reimbursed for reasonable & customary fees. Surgery must be performed at a school of veterinary medicine or at a surgical clinic and under general anesthesia. Stem Cell, IRAP and PRP therapy procedures will be considered for coverage under this endorsement up to a maximum of \$1000 per horse for each separate, unrelated and non-reoccurring incident of injury, lameness, disease, illness or physical disability. This covers 100% of diagnostic ultrasound and radiographs, all other diagnostic imaging will be 50% paid by the insurance and 50% paid by the insured.

-\$7,500 Major Medical per horse per year with a \$300 deductible per claim. The cost for this coverage is \$340 per horse per year. This coverage provides for medical treatment costs and the insured is reimbursed for reasonable and customary fees. Surgery must be performed at a school of veterinary medicine or a surgical clinic and under general anesthesia. Stem cell, IRAP and PRP therapy procedures will be considered for coverage under this endorsement up to a maximum of \$750 per horse for each separate, unrelated and non-reoccurring incident of injury, lameness, disease, illness or physical disability. This endorsement covers 100% of diagnostic ultrasound and radiographs, all other diagnostic imaging will be 50% paid by the insurance and 50% paid by the insured.

-\$7,500 BASIC Major Medical per horse per year with a \$300 deductible per claim. The cost for this coverage is \$300 per horse per year. This coverage provides for medical treatment costs and the insured is reimbursed for reasonable and customary fees. Surgery must be performed at a school of veterinary medicine or a surgical clinic and under general anesthesia. Stem cell, IRAP and PRP therapy procedures are not covered under this endorsement. This endorsement covers 100% of diagnostic ultrasound and radiographs, all other diagnostic imaging will be 50% paid by the insurance and 50% paid by the insured.

Stallion Infertility Coverage

This coverage implies that the company will pay up to the value insured for full mortality or the current market value (whichever is less), if the stallion becomes totally and permanently infertile, impotent or incapable of servicing mares due to an accident, sickness, or disease. The problem that has caused the infertility must have occurred and been reported to the claims department during the policy period. If the stallion is between 3 and 15 years old and his testicles are of normal size and consistency as confirmed by a veterinarian, by way of a vet exam, the horse can be eligible for this coverage. If a claim is paid the company will take full ownership of the stallion. The premium rate charged is 1.0% of the stallions insured value.

Named and Optional Perils

This is a lesser coverage than what is provided by Full Mortality coverage. This covers the horse for death or humane destruction due to Fire, lightning, transportation accidents (within the continental USA and Canada) and theft of the horse, explosion, smoke, windstorm, riots, earthquake, volcanic eruption, and floods. Optional

Perils can also be included and they include accidental shooting, accidental drowning, artificial electricity, attack by dogs or wild animals, and collapse of buildings. The rate for breeding & pleasure use animals is **1.00%** or for race & show animals **1.85%**.

APPLICATION PAGES

-Horse Mortality application and statement of condition: Our office must receive a copy (fully completed and signed) of this page to bind coverage. If items are not answered, it will delay binding. If a horse has been injured, sick or seen by a veterinarian for other than routine care, we will require additional forms. Please remember that if there are any unreported problems or conditions which you have not presented for the underwriters to review, those conditions or any related conditions are automatically excluded for all coverage. If you do provide information on these conditions, the company underwriters can decide if they will provide or limit coverage in advance of the policy issuance. Hiding the problems does not make them covered.

-Justification of Value: Complete if you are seeking a policy limit in excess of the purchase price of the horse.

-Vet Exam Form: Complete if:

1. Value is over \$50,000.00 for new business or **if the horse has been purchased within the last 30 days**, a copy of the pre-purchase exam will also fulfill this requirement
2. Value is over \$50,000 and your horse is 15 years of age or older for new or renewal business.
3. The horse has any health problems or injuries.
4. You seek Loss of Use Coverage or Stallion Infertility Coverage
5. You would like coverage for a foal under 6 months old.

Please do not hesitate to contact the office with any questions or concerns you may have. The Hartford has **three billing options** available, all of which are payable by check or credit card payable to Shadle Insurance.

- 1) Full pay
- 2) Plan A: policies with \$500 or greater annual premium are eligible for this option, \$16 installment fee
2 installments: 60% + \$16.00 due at effective date, 40% due in 6 months
- 3) Plan C: policies with \$1000 or greater annual premium are eligible for this option, \$32 installment fee
4 installments: 35% + \$32.00 due at inception date, balance due in 3 equal quarterly payments

Please give us a call if you would like forms mailed, e-mailed or faxed to you.

Thank you,

Jon & Elizabeth Shadle
Elizabeth@shadleinsurance.biz

**ANIMAL MORTALITY APPLICATION
for HORSES**



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

Producer's Name	Shadle Insurance	Applicant's Name	
Agency Code	87 - 042090	Mail Address	
Mail Address	1921 Spring St.	City, ST Zip	
City, ST Zip	Paso Robles, CA 93446	Phone	
Phone	888-821-7629	Fax	
Fax	805-462-3275	E-Mail Address	
E-mail Address	Elizabeth@shadleinsurance.biz	Policy Term Desired (maximum term 12 months):	

☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Corp. ☐ Other _____

Proposed Effective Date: _____ ☐ New Policy ☐ Endorsement _____ (Policy Number) _____
(Coverage begins on the date of acceptance by the Company) (Available on Premiums over \$500) \$8 Charge Per Installment

A. Animal Name	Date of Birth	Date of Purchase	Purchase Price (or stud fee if raised)	Requested Limit of Insurance
<u>Identification</u> (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)		<u>Sex</u> (Stallion, Mare, Colt, Filly, Gelding)	<u>Breed</u>	<u>Use</u>
<u>Primary Stable Location:</u>				
B. Animal Name	Date of Birth	Date of Purchase	Purchase Price (or stud fee if raised)	Requested Limit of Insurance
<u>Identification</u> (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)		<u>Sex</u> (Stallion, Mare, Colt, Filly, Gelding)	<u>Breed</u>	<u>Use</u>
<u>Primary Stable Location:</u>				

All Limits of Insurance are subject to company approval.

For a Requested Limit of Insurance that does not equal the Purchase Price, complete and attach a **Substantiation of Value**.

Type of Coverage Requested: (Major Medical and Loss of Use coverage premium is non-refundable)				
A B	A B	A B	A B	A B
<input type="checkbox"/> Mortality - Full	<input type="checkbox"/> Major Medical \$7,500 \$340	<input type="checkbox"/> Loss of Use	<input type="checkbox"/> Loss of Use-Limited	<input type="checkbox"/> Surgical \$5,000 Limit
<input type="checkbox"/> Mortality - Limited	<input type="checkbox"/> Major Medical \$10,000 \$450	<input type="checkbox"/> Loss of Use	<input type="checkbox"/> Aggregate Deductible	<input type="checkbox"/> Other _____
<input type="checkbox"/> Renewal Protection	<input type="checkbox"/> Major Medical \$15,000 \$675	<input type="checkbox"/> Loss of Use		
<input type="checkbox"/> Major Medical \$5,000, Basic \$200	<input type="checkbox"/> Major Medical \$10,000 high deductible	<input type="checkbox"/> Loss of Use		
<input type="checkbox"/> Major Medical \$7,500, Basic \$300	<input type="checkbox"/> Accident, Sickness and Disease	<input type="checkbox"/> Loss of Use		

	Horse A	Horse B
	Y	N
1. Was a pre-purchase exam completed? If Yes, a copy of the examination results may be requested by the Company.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the horse been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, or other than routine care within the last year?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the horse currently free of lameness and healthy without the use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the horse have any past conformational problems or defects, illness or disease, lameness, or injury or physical disability including, but not limited to: laminitis/founder, OCD, neurological disorders (e.g. EPM) navicular disease, and/or degenerative joint disease?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the horse been nerved or received any treatment for lameness?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the horse due to foal any time during the requested Policy Period? If Yes, please give: Estimated Foaling Date: _____; Number of Previous Foals: _____; Stud fee: _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the horse ever experienced birthing difficulties? (Mares only)	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the horse have an ancestor known to carry HYPP? If No, please move on to question 12.	<input type="checkbox"/>	<input type="checkbox"/>
a. Has the horse been HYPP tested? If Yes, please check the test results. N/N <input type="checkbox"/> A <input type="checkbox"/> B N/H <input type="checkbox"/> A <input type="checkbox"/> B H/H <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>
b. Please check the HYPP test results of the horse's Sire and Dam. Sire: N/N <input type="checkbox"/> A <input type="checkbox"/> B N/H <input type="checkbox"/> A <input type="checkbox"/> B H/H <input type="checkbox"/> A <input type="checkbox"/> B Unknown <input type="checkbox"/> A <input type="checkbox"/> B Dam: N/N <input type="checkbox"/> A <input type="checkbox"/> B N/H <input type="checkbox"/> A <input type="checkbox"/> B H/H <input type="checkbox"/> A <input type="checkbox"/> B Unknown <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the horse ever shown any HYPP signs or symptoms?	<input type="checkbox"/>	<input type="checkbox"/>

12. Will the horses be observed and cared for daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>
13. Who was each horse acquired from?
14. Are you the sole owner of the horses? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide other owner's % of interest, name and address:
15. Loss Payee(s): <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> (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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a copy of the lease(s).
18. Is there any other insurance on the horses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the carrier name: <div style="border-bottom: 1px solid black; height: 1.2em; display: inline-block; width: 200px; margin-top: 5px;"></div> Expiration date: <div style="border-bottom: 1px solid black; height: 1.2em; display: inline-block; width: 100px; margin-top: 5px;"></div> Amount of coverage: <div style="border-bottom: 1px solid black; height: 1.2em; display: inline-block; width: 100px; margin-top: 5px;"></div>
19. Has any insurance carrier ever canceled, non-renewed or refused to insure any horse in which you have or had an insurable interest? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: (Not applicable in MO) <div style="border-bottom: 1px solid black; height: 1.2em; display: inline-block; width: 200px; margin-top: 5px;"></div>
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please 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:

- 1. Horse is under 6 months of age**
- 2. Horse is over 16 years of age**
- 3. Horse is valued over \$50,000**
- 4. 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 fee**
- ☐ **Quarterly (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 OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (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 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.

IN 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.

IN KANSAS, 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 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 COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, WHICH MAY BE A 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 OF DEFRAUDING 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 THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANTS SIGNATURE

DATE (Must be no more than 30 days prior to policy effective date)

PRODUCERS SIGNATURE

PRODUCERS NAME (Please Print)

STATE PRODUCER LICENSE NO.
(Required in Florida)

Shadle Insurance



(888) 821-7629

I, _____, hereby authorize Shadle Insurance to make deductions with my credit card.

Payment schedule:

Check payment plan of your choice:

_____ Full pay (balance of premium due)

_____ Semi-annual (available premium over \$500) 60% down + \$16 fee

_____ Quarterly (available on premium over \$1000) 35% down +\$32 fee

Payment Information:

Card Type: _____

Account Number: _____

Expiration: _____

CVV: _____

Billing Zip Code : _____

Signature of Card Holder

Date

Printed Card Holder Name