

BROWNYARD GROUP

New Business
 RENEWAL

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175 • www.brownyard.com
Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723 • info@brownyard.com

NOTE: All Questions Must Be Answered



CANINE MORTALITY LIABILITY APPLICATION

1. NAME: _____
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)

2. Physical Address: _____
NO. STREET CITY COUNTY STATE ZIP

3. Mailing Address: _____
NO. STREET CITY COUNTY STATE ZIP

4. Policy proposed effective date _____ to _____ (12:01 AM Standard Time at the address above)

5. Phone: _____ Fax: _____

6. Email: _____ Website: _____

7. How did you hear about us? Web surfing Ad in which publication: _____ Other: _____

8. Are any animals leased? Yes No If yes, attach copy of lease.

9. With whom are animals kept (owner/handler/trainer)? Give name, address and telephone number details, etc.:

10. Has any company canceled or refused to renew your coverage? Yes No If yes, give date and reason for action(s): _____

11. Are you insuring any other canines with another company? Yes No If yes, how many? _____
How are they used (provide details): _____

12. Name, address, telephone number & license number of your regular vet.

13. How long have you used this vet? _____ Yrs _____ Months

14. Values based on: _____ Appraisal _____ Private Purchase _____ Show
_____ Other (attach justification of value) _____ Police Training (State: _____)

15. Are you the sole owner? Yes No If no, please indicate parties & interest: _____

16. Are animals now insured? Yes No Previously insured? Yes No If yes to either, what company

and amount insured \$ _____

17. Name of training organization if trained for a specific purpose: _____

18. Are canines licensed if required by your state? Yes No

19. Schedule of canines to be considered for insurance:

Name of animal	Lic #, reg. #, tattoo #, microchip #	Breed	Sex	D.O.B.	Use	Purchase price & insured amount*

* If insured amount is different from purchase price please provide justification of value.

** If over five (5) canines please attach separate schedule.

*** Current veterinarian certificate required for full mortality which must be dated within 10 days of inception.

20. Date of last heartworm check: _____

21. Are dogs currently on heartworm preventative? Yes No

22. Has each dog had each of the following vaccinations: Yes No Most recent date given:

DHL/DA2PL: _____ Parvo: _____

Corona: _____ Rabies: _____

23. Have any of your dogs ever seized? Yes No If yes, explain: _____

24. Do any of the dogs have collie eye, PRA or CPRA? Yes No

25. Have dogs ever been treated for any accident, illness, or lameness? Yes No If yes, give date and description of treatment: _____

26. Remarks: _____

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND 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 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 DISTRICT OF COLUMBIA APPLICANTS: 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.

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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

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 YORK APPLICANTS: 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.

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 a 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 who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL