

APPLICATION FOR EQUINE INSURANCE

Circle and Initial Here if you want to include **SURGICAL** or **MAJOR MEDICAL** with your Full Mortality Coverage.

Values other than the purchase price are subject to acceptance by the company, details of prize winnings, performance, service fee, number of bookings and other pertinent information must be submitted for consideration of stated values. No application will be considered if not fully completed, signed by the Insured, and accompanied by either a fully completed statement of condition signed by the Insured and/or a fully completed vet certificate signed by a veterinarian.

1. Applicant _____ Occupation _____
2. Address _____ City _____ State _____ Zip _____
3. Telephone: Days (_____) _____ Evenings (_____) _____

APPLICANT MUST COMPLETE ALL QUESTIONS AND SIGN BELOW.

Name of Horse (Sire x Dam)	Reg. or Tattoo No.	Sex	Breed	Use	Birth Date	Date of Purchase	Auction or Private	Stud Fee or Purchase Price	Amount of Insurance Requested
A.									
B.									
C.									

4. Was purchase price cash, trade or both? If any part trade, state what it consisted of, and state what amount cash was paid. _____
5. Is there any other insurance applying to animal(s) listed? _____
6. If not sole owner of animal(s), state full details of designated owners including complete address and phone. _____
7. If the animal(s) are under contract for lease and/or financed, give details. _____
8. Has any insurance company cancelled or declined this or previous livestock insurance? _____
9. Have any of the listed animal(s) had an illness, disease, lameness, injury, accident or physical disability in the past 3 years? _____
10. Are any of the above named animals currently receiving medication(s) on a regular basis? _____ Regularly at anytime during the past year? _____ For what purpose? _____
11. Has there been any contagious or infectious disease on your premises during the last year? _____
12. Where are animal(s) located? _____
Who has care, custody and control of them? _____
13. Have any animal(s) in your care or ownership died in the past 3 years? _____
Cause? _____ Date? _____ Insured amount? _____
14. Have you any other horses not being insured? _____ State number and why excluded. _____
15. Give details of worming program and date(s) last wormed. _____
16. Previous insurance in effect on the animal(s) last year? _____ Agency? _____
Insured amount last year \$ _____ If not, why not? _____
Remarks/Comments: _____
17. Please list name and phone of your usual veterinarian if not listed on the accompanying vet certificate. _____
18. How were you referred to our Agency? _____

NOTICE: No animal will be bound for full mortality coverage until this application has been properly completed and received by this office and a current statement of condition or vet check covering such animal(s) has been received by this office. Pending actual receipt of the aforementioned paperwork, this office will bind coverage against specified perils only. Premium payment with application—minimum earned policy premium is \$150.00. 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. APPLICATION AND ANY ACCOMPANYING PAPERWORK MUST BE CURRENT AND IN OUR OFFICE WITHIN 10 DAYS.

Print Name _____ Signed _____ Date _____

APPLICATION FOR EQUINE INSURANCE
(Continued)

RACING RECORD

	A	B	C
Name of Horse			
No. of Starts, Placings			
Last Race Category (claiming, allowance, stakes)			
Last Claiming Price			
Last Date Raced			
Money Earned This Year			
Money Earned Last Year			

SHOW RECORD

Name of Horse			
No. of Shows			
1st			
2nd			
3rd			
Last Show Attended			
Date Last Shown			
Show Class			
Money or Prizes Won (career)			

STALLION RECORD

Name of Horse			
Stud Fee This Year			
Stud Fee Last Year			
No. Mares Bred This Year			
No. Mares Bred Last Year			
Amount Earned This Year			
Amount Earned Last Year			

BROODMARE RECORD

Name of Horse			
Barren/Not Bred? Why?			
Covering Sire			
Covering Fee			
Total Times Bred			
Date Last Bred			
Due Date			
Total # of Foals (career)			
Average Sale Price of Foals Sold			
Years Skipped?			

I declare the animals as shown on the schedule to be in good health and condition and warrant the truth of the above statements. I agree this application shall be the basis of the contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Print Name _____ Signed _____ Date _____