



Equine Application

No application will be considered if not fully completed and signed by the insured.

Desired Effective Date _____

Applicant Information

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Is this New Business Renewal Additional Coverage Current Policy Number _____

Coverage Desired *(please check)*

A. Full Mortality Major Medical \$10,000 Major Medical \$15,000 Surgical Colic
 Loss of Use Accident, Sickness & Disease Medical Assistance \$7,500

B. Specified Perils

Animal Information

1. Name of Animal	Sire	Use	Sex	Purchase Price/ Stud Fee	Amount Desired	Premium
Breed/Registration Number	Dam	DOB	Date Purchased	Rate		
2. Name of Animal	Sire	Use	Sex	Purchase Price/ Stud Fee	Amount Desired	Premium
Breed/Registration Number	Dam	DOB	Date Purchased	Rate		

	Yes	No
1. Are any of the animals listed herein financed or leased?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, state amount, when and to whom due. (Give address) _____		
2. Is there any other insurance on any of the animals listed herein?	<input type="checkbox"/>	<input type="checkbox"/>
3. Chiefly kept on premises known as _____		
<i>(Give complete address of location)</i>		
4. Name and phone number of trainer _____		
5. If mare is in foal, name covering stallion & stud fee paid. _____		
6. Has any animal named above been afflicted with any disease or sickness or received any hurt or injury in the past 12-month period?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give particulars. _____		
7. Is any animal named above to be used as a hunter/jumper/eventer or for racing?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain use. _____		

Animal Information *Continued*

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 8. Are eyes, legs and feet of every animal named above in normal condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has any animal named above ever had colic or indigestion?
If yes, how often? _____ When was the last attack? _____
Give cause of attack, if known. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. How many animals did you lose by death in the past 3 years? _____ Cause of death? _____
Date of Death _____ Insured amount paid \$ _____ | | |
| 11. How many other animals of this type do you own? _____ | | |
| 12. Was the purchase price <input type="checkbox"/> Cash <input type="checkbox"/> Trade <input type="checkbox"/> Both
If any part trade, state what it consisted of, and state what amount of cash was paid _____ | | |
| 13. Do you understand that it is required under policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY, DISEASE OR DEATH or your claim may be denied, and do you agree to do so? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any other company ever rejected an application for insurance or cancelled a policy on any of the herein-described animals?
Explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have any of the animals listed herein been previously insured?
If yes, were any claims submitted and/or paid? | <input type="checkbox"/> | <input type="checkbox"/> |

Statement Of Condition

I declare to the best of my knowledge and belief that the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Declaration

I the undersigned, hereby apply to insure the above mentioned animals owned to me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief the above statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Signature of Applicant

Date



Statement Of Condition

Policy# _____

Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____

To order your new/renewal coverage, kindly sign and date this certificate, after reading the Statement of Condition carefully. This certificate MUST be returned before the expiration date of the policy or a new veterinary certificate will be required. Do not sign and return earlier than 30 days before the expiration date.

New Business – Use this form for animals valued at \$100,000 or less

Renewal – Use this form for animals of any value, under the age of 15 or animals ages 15 -20 years, valued under \$50,000

Item #	Name	Breed	Sex	Age	Use	Purchase Price/Date	Amount Of Insurance
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____

Horse 1

Horse 2

Horse 3

- Is the horse currently sound and healthy for use intended? Yes No
- Does the horse have any conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or Degenerative disease? Yes No
- Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made was there a resection? Yes No
- Has the horse been nerved or received any surgical treatment for lameness? Yes No
- Has the horse been examined or treated by a veterinarian for other than routine care within the past year? Yes No
- Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months? Yes No
- Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months? Yes No
- For All Quarter horses, Appaloosas or Paints. Does the horse have an ancestor known to carry HYPP?
 If "YES" please indicate the HYPP Status. N/N N/H H/H N/N N/H H/H N/N N/H H/H

9. If "YES" was answered to any question 2 through 7, please provide details below.

STATEMENT OF CONDITION I declare to the best of my knowledge and belief the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Signature of Insured _____ Date _____