



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

C. ☐ Tack Equipment

Animal Information

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

Yes No

☐ ☐

1. Are any of the animals listed herein financed or leased?

If yes, state amount, when and to whom due. (Give address)

2. Is there any other insurance on any of the animals listed herein?

☐ ☐

3. Name and phone number of trainer _____

4. Regular Veterinarian

Name _____ Phone _____

5. If mare is in foal, name covering stallion & stud fee paid. _____

Animal Information *Continued*

	Yes	No
6. Has any animal named above been afflicted with any lameness, disease, sickness or injury in the past 12 month period?	<input type="checkbox"/>	<input type="checkbox"/>
Does the pedigree of this animal have any HERDA or HYPP linkage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give particulars.		
7. Are eyes, legs and feet of every animal named above in normal condition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any animal named above ever had colic or indigestion?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how often? _____ When was the last attack? _____		
Give cause of attack, if known. _____		
9. How many animals did you lose by death in the past 3 years? _____ Cause of death? _____		
Date of Death _____ Insured amount paid \$ _____		
10. 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 _____		
11. 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"/>
12. Has any other company ever rejected an application for insurance or cancelled a policy on any of the herein-described animals?	<input type="checkbox"/>	<input type="checkbox"/>
Explain.		
13. Have any of the animals listed herein been previously insured?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any claims submitted and/or paid?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are any of the animals listed a new purchase?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was a pre-purchase exam conducted?	<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.

Authorization for Medical Records

I authorize the release of any and all records and information regarding the animals for which insurance is being requested. This includes, without limitation, any and all records regarding diagnosis, testing, treatment and prognosis of the animal's physical condition.



Signature of Applicant _____

Date _____

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Tack Equipment Coverage

A. Tack Equipment Coverage, \$500 standard deductible

Limit of Insurance in any one Loss	Maximum limit paid on any one item	Deductible	Premium
<input type="checkbox"/> \$2,500	\$500	\$500	\$75
<input type="checkbox"/> \$5,000	\$1,000	\$500	\$125
<input type="checkbox"/> \$10,000	\$2,500	\$500	\$200

Contact the Company Underwriter for high valued tack equipment you wish to schedule with a limit of insurance to obtain pricing and approval.

B. Tack Equipment Loss Payable

Applicable Clause: ☐ Loss Payable/Additional Insured ☐ Contract of Sale

Name _____

Address _____

City _____ State _____ Zip _____

Description of Property:

Signature of Applicant _____

Date _____

(Only required if requesting Tack Equipment Coverage)



Phone _____

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



Date _____