Starnes Insurance Agency PO Box 770, Summerton, SC 29148



Phone: 800-835-0448 Fax: 803-478-8420 info@starnesinsurance.com

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

	oplicant Information				· · · · · · · · · · · · · · · · · · ·		
	Idress	City_			State	Zip	
	ione		Address				
ls t	this ☐ New Business ☐ Rer		CONSTRUCTOR CO.	Current F	olicy Number _		
3446			Carlot And	and and the constraint of the	er unt en	A PAPACO PARTO CAMBO CONTRA	NECKET PRODUCT
Co	overage Desired (please check)						
Α.	☐ Full Mortality ☐ Major M	edical \$10,000 E	Major Med	cal \$15,000	☐ Surgica	al 🗆 Colic	
	☐ Loss of Use ☐ Acciden	t, Sickness & Dise	ase \square M	edical Assis	tance \$7,500	en om en	water, og Myllander
В.	☐ Specified Perils						
C.	☐ Tack Equipment						
۸.,	ains al Information						
AП 1.	nimal Information Name of Animal	Sire	Use	Sex	Purchase Price/	Amount Desired	Premium
	Name of Allima	Sire	036	Jex	Stud Fee	Amount besired	ricinan
	Breed						
	USEF/FEI #	Dam	DOB	Date Purc	hased	Rate	
	Microchip Number	100 - Alon -					
2.	Name of Animal	Sire	Use	Sex	Purchase Price/	Amount Desired	Premium
					Stud Fee		
	Breed						
	USEF/FEI #	Dam	DOB	Date Purc	hased	Rate	la l
	Microchip Number						
			his exercises.			Yes	No
1.	Are any of the animals listed here	ein financed or lea	sed?				
	If yes, state amount, when and to	whom due. (Give a	address)				
2.	Is there any other insurance on a	inv of the animals	listed herein?				П
3.	Name and phone number of train				Extraction		21 Amy 2012 121
4.	Regular Veterinarian				S		
		SALES OF THE RESERVE OF THE SALES OF THE SAL		经总统的证据 在数据的证据	Salar Sa	THE PERSON WATER STATE OF THE PERSON WATER S	

Animal Information Continued

6.	Has any animal named above been afflicted with any lameness, disease, sickness or injury in the past 12 month period? Does the pedigree of this animal have any HERDA or HYPP linkage? If yes, give particulars.	Yes	No 🗆
7.	Are eyes, legs and feet of every animal named above in normal condition?		
8.	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		
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 ☐ Cash ☐ Trade ☐ 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?		
12.	Has any other company ever rejected an application for insurance or cancelled a policy on any of the herein-described animals?		
13.	Have any of the animals listed herein been previously insured?		
	If yes, were any claims submitted and/or paid?		
14.	Are any of the animals listed a new purchase?		О
	If yes, was a pre-purchase exam conducted?		

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 he 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.

E36173G (05/22) Page 2 of 4

Date____

Authorization for Medical Records

Signature of Applicant_____

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.

A. Tack Equipment Coverage, \$	ack Equipment Coverage, \$500 standard deductible					
Limit of Insurance in any one Lo	ss Maximum limit paid on any one item	Deductible	Premiun			
□ \$2,500	\$500	\$500	\$75			
\$5,000	\$1,000	\$500	\$125			
□ \$10,000	\$2,500	\$500	\$200			
ind approval. B. Tack Equipment Loss Payab Applicable Clause: ☐ Loss F	ayable/Additional Insured		nce to obtain pricin			
and approval. B. Tack Equipment Loss Payab Applicable Clause: Loss F Name Address	e layable/Additional Insured ☐ Contract of		nce to obtain pricin			
and approval. B. Tack Equipment Loss Payab Applicable Clause: Loss F Name Address City	e layable/Additional Insured ☐ Contract of	Sale	rice to obtain pricing			
and approval. B. Tack Equipment Loss Payab Applicable Clause: Loss F Name Address	e layable/Additional Insured ☐ Contract of	Sale				
nd approval. 3. Tack Equipment Loss Payab Applicable Clause: U Loss F Name Address Dity	e layable/Additional Insured ☐ Contract of	Sale				
nd approval. 3. Tack Equipment Loss Payab Applicable Clause: Under Clause Address Dity	e layable/Additional Insured ☐ Contract of	Sale				

F.36173G (05/22)



Statement Of Condition

Policy#	
,	

	expiration date of the policy	or a new veterinary c	ertificat	e will be re	quired. Do no		efully. This certificate MUS an 30 days before the expi
	Business – Use this for					45 . 00	hand and an \$50,000
tem #	val – Use this form for ar Name	Breed	Sex		Use	Purchase Price/Date	
1	-						
3							
				Но	rse 1	Horse 2	Horse 3
. Is the	horse currently sound and	healthy for use inten	ded?	☐ Ye	s 🗆 No	□ Yes □ No	□ Yes □ No
defect disabil OCD,	the horse have any conform s, illness or disease, lamen lity including but not limited neurological disorders, nav erative disease?	ess, injury or physic to laminitis/founder,	al	□ Ye	s □ No	□ Yes □ No	□ Yes □ No
the las	e horse had any colic or in it 24 months and if a surgic iere a resection?			□ Ye	s □ No	□ Yes □ No	☐ Yes ☐ No
	e horse been nerved or recent for lameness?	eived any surgical		□ Ye	s □ No	☐ Yes ☐ No	☐ Yes ☐ No
	e horse been examined or er than routine care within		arian	□ Ye	s 🗆 No	☐ Yes ☐ No	☐ Yes ☐ No
	e horse undergone diagno the last 36 months?	stic ultrasound or x-	rays	☐ Ye	s 🗆 No	☐ Yes ☐ No	☐ Yes ☐ No
medic	e horse received any joint ation long or short term, or last 12 months?			☐ Ye	s □ No	☐ Yes ☐ No	□ Yes □ No
	Quarter horses, Appaloos have an ancestor known to		ne	☐ Ye	s 🗆 No	☐ Yes ☐ No	☐ Yes ☐ No
If "YES	S" please indicate the HYP	P Status.		□n/n □]и/н □н/н	\square N/N \square N/H \square H/H	□n/n □n/h □h/h
. If "YE	S" was answered to any	question 2 through	gh 7, p	lease pro	vide details	below.	

F.36171B (5/15)

Signature of Insured

Date