



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

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		

1. Are any of the animals listed herein financed or leased? Yes No
 If so, state amount, when and to whom due. *(Give address)* _____

2. Is there any other insurance on any of the animals listed herein? Yes No

3. Chiefly kept on premises known as _____
(Give complete address of location)

4. Name and address of trainer _____

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

6. Has any animal above named been afflicted with any disease or sickness or received any hurt or injury in the past 12-month period? Yes No
 If so, give particulars. _____

7. Is any animal named above to be used as a hunter/jumper/event or for racing? Yes No
 If so, explain use. _____

Animal Information *continued*

8. Are eyes, legs and feet of every animal named above in normal condition? Yes No
9. Has any animal named above ever had colic or indigestion? Yes No
If so, how often? _____ When was the last attack? _____
Give cause of attack, if known. _____
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 Cash Trade 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? Yes No
14. Has any other company ever rejected an application for insurance or cancelled a policy on any of the herein-described animals? Yes No

Explain. _____
15. Have any of the animals listed herein been previously insured? Yes No
If so, were any claims submitted and/or paid? Yes No

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