

Name of Applicant \_\_\_\_\_ Requested Coverage Effective Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

☐ Check here to receive your policy by email

**1** Is this: ☐ New Business ☐ Renewal Business ☐ Additional Coverage Current Policy Number \_\_\_\_\_

**Coverage Desired (Please check):**

☐ Full Mortality ☐ Colic Coverage - \$5,000 ☐ Stallion Permanent Disability

☐ Major Medical (in addition to \$5000 free emergency colic surgery)

Co-Insurance: ☐ 20% Co- Insurance ☐ No Co-Insurance (only available on horses valued over \$100k)

Limit of Liability: ☐ \$7,500 ☐ \$10,000 ☐ \$12,500 ☐ \$15,000

Deductible: ☐ \$500 ☐ \$1,000

☐ Medical Assistance: \$7,500

Co-Insurance: ☐ 20% Co- Insurance ☐ No Co-Insurance (only available on horses valued over \$100k)

☐ Surgery Coverage

Limit of Liability: ☐ \$5,000 ☐ \$10,000 ☐ \$15,000

☐ Other Requirements: \_\_\_\_\_

| <b>2</b> | Name of Horse (Sire x Dam) | Sex | Breed | Use | Birth Date | Purchase Price and Date | Amount of Insurance Requested | Rate (Official Use) |
|----------|----------------------------|-----|-------|-----|------------|-------------------------|-------------------------------|---------------------|
| A        |                            |     |       |     |            |                         |                               |                     |
| B        |                            |     |       |     |            |                         |                               |                     |
| C        |                            |     |       |     |            |                         |                               |                     |
| D        |                            |     |       |     |            |                         |                               |                     |
| E        |                            |     |       |     |            |                         |                               |                     |

**3** Is the applicant the sole owner of horse(s): Yes ☐ No ☐

If no: Provide Ownership Information \_\_\_\_\_

**4** If horse (s) is leased, indicate terms, and/or amount of annual lease by attaching copy of lease agreement \_\_\_\_\_

**5** If horse(s) is financed, provide lender information and terms \_\_\_\_\_

**6** Purchase price was: Private: ☐ By Auction: ☐ Price Paid by: Cash: ☐ Trade: ☐ Both: ☐

Provide details: \_\_\_\_\_

**7** (a) Where is the horse(s) usually stabled? \_\_\_\_\_

(b) Provide Name, address, and telephone number of the usual keeper of the horse(s) or trainer: \_\_\_\_\_

**8** Name, address and telephone number of regular veterinarian \_\_\_\_\_

**9** (a) To your knowledge, has horse(s) suffered an accident, sickness or disease in the last 12 months?  
If yes, Give details: \_\_\_\_\_

(b) Has horse(s) ever had colic? \_\_\_\_\_ If so, how often \_\_\_\_\_ provide cause & date of last attack \_\_\_\_\_

(c) Has horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative inoculations) or are they unsound in anyway? \_\_\_\_\_

(d) Has horse(s) been wormed and vaccinated regularly? \_\_\_\_\_ Frequency \_\_\_\_\_

(e) Has horse been vaccinated against West Nile Virus? Yes ☐ No ☐ \* Must be vaccinated for claims directly or indirectly related to West Nile Virus

(f) Has there been any evidence of contagious or infections disease during the past twelve months in the location where the horse(s) are kept?

Yes: ☐ No: ☐ if yes, give details: \_\_\_\_\_

(g) Has above horse(s) suffered from melanomas, sarcoids, warts, or other type of growth? Yes ☐ No ☐ if yes, give details \_\_\_\_\_

(h) Has any surgery been performed on any above horse(s)? Yes ☐ No ☐ if yes, give details \_\_\_\_\_

(i) Has the horse(s) ever been treated for navicular, osteochondrosis, arthritis, or degenerative joint disease? Yes ☐ No ☐

If yes, give details \_\_\_\_\_

**10** Is horse(s) now insured? Yes ☐ No ☐ Previously Insured? Yes ☐ No ☐ If yes to either question, provide Company name, Effective date of coverage and Amount insured: \_\_\_\_\_

Has any Company cancelled or refused to renew your coverage? Yes ☐ No ☐ if yes, provide Company name, Date and reason for company action: \_\_\_\_\_

***I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which could materially affect this insurance has been knowingly withheld.***

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_