



# 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 \_\_\_\_\_

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?  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