

EQUINE MORTALITY INSURANCE APPLICATION

Please check the type of coverage desired: FULL MORTALITY & THEFT SPECIFIED PERILS & THEFT
 Available additional coverage to Full Mortality: Major Medical Surgical

Owner(s) Information:

Name _____ Daytime Tel. # _____
 Address: _____ Fax # _____
 City _____ State _____ Zip _____ POLICY # _____
EMAIL ADDRESS: _____

Animal(s) Identification

Name & Registration #	Breed	DOB	Sex *	Exact Use	Date Purchased – Amount	Sum Insured
1.						
2.						
3.						
4.						

*Sex= M (mare) S (stallion) G (gelding) C (colt) F (filly)

Loss Payee: _____

1. Has the above Horse(s) suffered from any illness, injury, disease; or undergone any surgery, diagnostics or treatments during the past twenty-four (24) months?
 Yes No - If yes please explain _____
2. Has there been any evidence or treatment of contagious or infectious disease at the stable/stud farm where the horse(s) is kept? Yes No - If yes, please explain _____
3. Has the Horse(s) suffered any lameness or tendon problems or received any treatment or supplements at any time or has the horse(s) been nerved?
 Yes No - If yes, please explain _____
4. Is the above Horse(s) normal in eye, wind and action to the best of your knowledge? Yes No - If no, please explain _____
5. Give details of any colic or intestinal disorder, past or present. _____
6. Has the proposed insured experienced any losses/claims and/or theft in the past 24 months, Insured or not insured? Yes No
 Has the proposed Insured ever been convicted of any offense involving dishonesty, fraud, violence, criminal damage, arson or drugs, or is any prosecution pending against them? Yes No -If yes, please explain _____
7. Are the horse(s) current on all vaccinations including West Niles Virus? Yes No If no please explain _____
8. Are the horse(s) genetically inclined to carry the HYPP gene? If so please provide test results. Yes No _____
9. Do you understand that immediate notice must be given to the Company upon any injury, illness, operation, disease or death of an insured horse? _____

Declaration

TO THE BEST OF MY KNOWLEDGE THE ABOVE ANIMAL IS SOUND WITH NOTHING DETRIMENTAL TO GOOD HEALTH AND BREEDING. THE ANIMAL IS MY OWN PROPERTY OR I HAVE DEFINITE FINANCIAL INTEREST IN IT, AND IS NOT NOW INSURED ELSEWHERE. I ATTEST TO THE TRUTH OF ALL THE ABOVE AND I HAVE NOT MISREPRESENTED ANYTHING TO INFLUENCE THE DECISION OF THE AGENCY. THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT FOR THE APPLIED INSURANCE AND IF ANYTHING IS FALSELY STATED, NOW OR AT ANY ALTERATION IN THE FUTURE, THE AGENCY HAS THE RIGHT TO VOID THE CONTRACT.

SIGNATURE: _____ **DATE:** _____

This agency reserves the right to deposit any monies forwarded with this document, without detriment to the right of the company to approve or reject this application. If this application is not approved by the company, this agency shall return the payment in the form of a check for the amount of premium rejected.

FAX # (405)235-5225