



Broker: Rosella A. Galindo

Office: (915) 706-1755

Mobile: (915) 633-4874

Equine Data Sheet

Name: _____
First Last

Address: _____
Street Address City Zip

Contact # _____ Mobile: _____

Email: _____

Horse #1: _____ Actual Date of Birth: _____

Breed: _____ If not sure type unknown

Age: _____ Sex: ☐ Colt ☐ Filly ☐ Mare ☐ Gelding ☐ Stallion

Purchase Price: _____

If leased horse please type "Lease" in this line

Please select following option(s) that apply to this horse.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Off the Track | <input type="checkbox"/> Import |
| <input type="checkbox"/> Gift | <input type="checkbox"/> Private Sale |
| <input type="checkbox"/> Home-bred | <input type="checkbox"/> Auction |

Purchased/Lease Date: _____

Requested Insured Value: _____

☐ Use ☐ Pleasure If Other _____
Please Specify

Optional Coverages

- ☐ Major Medical \$5,000.00
- ☐ Major Medical \$7,500.00
- ☐ Major Medical \$10,000.00
- ☐ Major Medical \$15,000.00

Additional Horses or Comments

If you have additional horses please provide their information below. Please include the selections on the options above for each additional horse. (ex. Horse, #2, Breed, Age, Date of birth, Purchase Price, etc.)

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Where or how did you hear about us? ☐ Social Media ☐ Ad/Flyer ☐ Word of Mouth ☐ Other: _____

716 East 4th Avenue, El Paso Texas 79901 ♦ Fax (915) 242-0100

Email: anrin@famfi.co

*Please note we are unable to insure horses over 18 years old.