

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
(in addition to \$5000 free emergency colic surgery)
- Major Medical
- 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
- Surgery Coverage
Limit of Liability: \$5,000 \$10,000 \$15,000
- Other Requirements: _____

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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): _____