Application for Equine Mortality

This is not a binder. No application will be considered if not fully completed and signed by the insured.

MABERRY INSURANCE

I. Applicant Information

Name (as it should appear on policy): _____

Doing Business as: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone - Day: _____ Evening: _____ Email Address: _____

1. Proposed Effective Date: _____

2. Are you applying for a new policy or to endorse an existing policy? ❑New ❑Existing Policy Number: _____

3. a. Are you a member of any professional equine associations? (e.g. AQHA, TOBA, USEF, etc.): ❑Yes ❑No

   b. If yes, please list: _____

4. Total Number of horses to be covered by this policy: _____ Total number of horses owned: _____

5. a. In the past 3 years, have you had any mortality or medical/surgical losses whether insured or not? ❑Yes ❑No

   b. If yes, please explain: _____

6. a. Has any insurer ever refused, cancelled or non-renewed insurance for you or any of your owned horses? ❑Yes ❑No

   b. If yes, provide full details: _____

7. a. Are you insuring other horses with another company/agency? ❑Yes ❑No

   b. If yes, Company/Agency Name: _____ Expiration Date of Policy: _____

II. Declaration of Health (*to be answered for all animals on section III "Schedule of Animals")*

NOTE: The Company may still require the completion and acceptance of a Veterinary Certificate, in addition to the questions to be answered below.

1. Is horse on inoculation and worming program approved by a veterinarian? ❑ Yes ❑ No
2. Does horse have any history of injury, illness, lameness, or disease? ❑ Yes ❑ No
3. Has horse suffered from colic or any other gastro-intestinal related illness? ❑ Yes ❑ No
4. Has horse undergone surgery (other than castration), been fired, blistered, nerved, treated, or examined for lameness? ❑ Yes ❑ No
5. Does the horse have conformation that could affect its ability to be used for the purpose described on this application? ❑ Yes ❑ No
6. Has horse been examined by a veterinarian for anything other than routine care? ❑ Yes ❑ No
   Note: If seen for a pre-purchase exam, please submit a copy.
7. (a) Has horse received any joint injections? ❑ Yes ❑ No
   (b) Are injections routine/maintenance only? ❑ Yes ❑ No
8. Does horse receive any medication? ❑ Yes ❑ No
9. Has the horse undergone diagnostic ultrasounds, CT or Bone scans, MRI's, or X-rays? ❑ Yes ❑ No
10. If yes to questions numbered 2-9 above, please provide details including date(s), diagnosis, treatment, and recovery.

_____

_____

11. a. American Quarter Horse/Appaloosa/Paint Horse: Does pedigree have HYPP linkage? ❑ Yes ❑ No

    b. If yes, provide date of testing, results and if N/H, has the horse experienced any episodes? _____

Note: H/H horses are not insurable.

Application for Equine Mortality (Schedule)

III. Schedule of Animals

#1 Name: _____ **Registration #**:_____ **Color**: _____

For any unnamed foal, provide: Sire Name:_____ Dam Name: _____

Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance

Medical/Surgical Limit _____ If mare, is horse in foal? ❑Yes ❑No If yes, due date: _____

#2 Name: _____ **Registration #**:_____ **Color**: _____

For any unnamed foal, provide: Sire Name:_____ Dam Name: _____

Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance

Medical/Surgical Limit _____ If mare, is horse in foal? ❑Yes ❑No If yes, due date: _____

#3 Name: _____ **Registration #**:_____ **Color**: _____

For any unnamed foal, provide: Sire Name:_____ Dam Name: _____

Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance

Medical/Surgical Limit _____ If mare, is horse in foal? ❑Yes ❑No If yes, due date: _____

#4 Name: _____ **Registration #**:_____ **Color**: _____

For any unnamed foal, provide: Sire Name:_____ Dam Name: _____

Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance

Medical/Surgical Limit _____ If mare, is horse in foal? ❑Yes ❑No If yes, due date: _____

❑ Additional Horses included on page 3 of application. ❑ I would like to discuss optional coverages with my agent.

IV. General Information

1. a. Are you the sole owner? ❑ Yes ❑ No b. If no, provide other party's name: _____
2. a. Is horse being leased to or from another party? ❑ Yes ❑ No b. If yes, please provide the lease agreement.
3. a. Is horse in competition? ❑ Yes ❑ No b. If no, attach justification of value.
4. a. Do you have care, custody, and control of this horse? ❑ Yes ❑ No
   b. If no, provide name and address of person who does: _____

V. Signature

The Applicant hereby applies for Equine Mortality and Limited Theft/Unlawful Removal coverage and understands that signing this Application does not bind the undersigned to purchase or the Insurer to sell any insurance policy. If a policy is issued, this Application and its attachments shall be the basis of such policy and shall be deemed attached to and shall form part of such policy. In making this application, the Policyholder represents that the statements in this Application and its attachments are true and complete and that the undersigned has the authority to bind the Policyholder to the proposed Policy. If there are material changes to any statements in this Application or its attachments prior to the inception date of the policy, the undersigned shall immediately notify the Insurer of such changes. Upon receipt of such notification, the Insurer shall have the right to modify or withdraw any outstanding terms or proposal.

Applicant:

Signed: _____ Date: _____

Printed Name: _____ Title: _____