



**4D Equine Insurance**  
 401 Chilhoe Dr., Canton, GA 30115  
 Telephone: (502) 599-9093  
 Email: Josh@4d-equine.com

## Livestock Mortality Application and Statement of Condition (THIS IS NOT A BINDER)

Quote Option: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

**COVERAGE REQUESTED:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> \$5,000 Major Medical  | <input type="checkbox"/> \$5,000 Surgical           | <input type="checkbox"/> Single Air Transit |
| <input type="checkbox"/> \$7,500 Major Medical  | <input type="checkbox"/> \$7,500 Surgical           | Shipping From: _____                        |
| <input type="checkbox"/> \$10,000 Major Medical | <input type="checkbox"/> \$10,000 Surgical          | Shipping date: _____                        |
| <input type="checkbox"/> \$15,000 Major Medical | <input type="checkbox"/> \$15,000 Surgical          |   |
| <input type="checkbox"/> Colic Coverage         | <input type="checkbox"/> \$5,000 Accident & Illness |   |

Worldwide Coverage  
 Loss of Use (Call for Details)  
 Stallion Permanent Disability  
 (Call for Details)

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (Day) \_\_\_\_\_  
 (Cell) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**PAYMENT OPTIONS** (as available)

Full Payment      Two Payment Plan      Four Payment Plan

NAME OF HORSE OR PEDIGREE IF UNNAMED	USEF NUMBER OR REGISTRATION	SEX	BREED	USE	DATE OF BIRTH	DATE PURCHASED	PURCHASE PRICE OR STUD FEE	*AMOUNT OF INSURANCE DESIRED
A.								
B.								
C.								
D.								

\*Values other than the purchase price are subject to acceptance by the company. Competition records or details of prize winnings, performance, service fees, number of bookings, and other pertinent information must be submitted for consideration of stated values. Use the space below for details.

- Are you the sole owner?  Yes  No Details: \_\_\_\_\_
- Was purchase paid by  Cash  Trade  Both Details: \_\_\_\_\_
- Name/ Address of Loss Payee, if any (please provide copy of Lease Agreement): \_\_\_\_\_

**REMARKS / COMMENTS / SHOW RECORD:** \_\_\_\_\_

- Are horse(s) now insured?  Yes  No Previously insured?  Yes  No  
 What company and amount insured? \_\_\_\_\_
- Are the horse(s) currently sound and healthy for use intended?  Yes  No
- Do the horse(s) have any conformational problems or defects, illness or disease, lameness, injury or physical disability, including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative disease?  Yes  No
- Have the horse(s) had any colic or intestinal disorder within the past 24 months, and if a surgical correction was made was a resection performed?  Yes  No
- Have the horse(s) been nerved or received any surgical treatment for lameness?  Yes  No
- Have the horse(s) been examined or treated by a veterinarian for other than routine care within the past year?  Yes  No
- Have the horse(s) undergone diagnostic ultrasound or x-rays within the last 36 months?  Yes  No
- Have the horse(s) received any joint injections, any type of medication long or short term, or preventative treatments in the last 12 months?  Yes  No

**I declare to the best of my knowledge and belief that the information provided on the horse(s) listed on the above schedule is complete and correct. I hereby certify that the above horse(s) have not had any undisclosed ILLNESS, INJURY, DISEASE, OR ACCIDENT in the time frames stated on this application.**

If "yes" was answered to any questions 6 through 11, please provide date(s) and details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that the signing and delivery of this application does not bind insurance coverage, nor does it bind the company to issue the policy. I declare each answer given in this application is a statement of fact which becomes a part of the policy should the policy be issued. By signing this application I acknowledge that I am aware that if at any time it is discovered any of the statements of fact contained in this application are concealed or falsely stated, the policy may be modified, rescinded, or declared void from its inception at the sole opinion of the company and in accordance with any applicable state laws.

Check this box if you would like your policy mailed to you instead of delivered electronically.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_