

# EQUINE MORTALITY APPLICATION

NAME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FULL MORTALITY     LOSS OF USE     AS&D   
 MED/SURGICAL @ \$15,000     MED/SURGICAL @ \$10,000     Colic Endorsement @ \$10,000     Surgical Endorsement @ \$10,000   
 DIRECT BILL PAYMENTS (finance fee applies): Annual     Installments

## HORSE INFORMATION

|             |                  |                |                |                      |
|-------------|------------------|----------------|----------------|----------------------|
| NAME:       | BREED:           | DATE OF BIRTH: | SEX:           | USE:                 |
| SIRE & DAM: | REGISTRATION NO. | PURCHASE DATE: | PURCHASE PRICE | AMOUNT OF INSURANCE: |

IF THE AMOUNT OF INSURANCE DESIRED EXCEEDS THE PURCHASE PRICE, PROVIDE A JUSTIFICATION OF VALUE FORM

1. Are any of the animals listed herein financed or leased? \_\_\_\_\_ If so, please provide name and address of the loss payee, along with amount due, if financed \_\_\_\_\_
2. If you purchased the horse 12 months ago or more, did you insure the horse prior to this? \_\_\_\_\_ Name of insurance carrier? \_\_\_\_\_ Expiration date? \_\_\_\_\_  
Any Claims? \_\_\_\_\_ If so, provide details \_\_\_\_\_
3. Name and address of premises horse is kept: \_\_\_\_\_
4. Name and location of trainer: \_\_\_\_\_
5. Is horse to be used as a: Hunter     Jumper     Eventer     Racer     Other
6. If mare in foal, please provide name of covering stallion: \_\_\_\_\_  
and stud fee: \_\_\_\_\_ Estimated due date: \_\_\_\_\_
7. If this is a homebred horse, please provide the stud fee paid to produce this horse: \_\_\_\_\_
8. Has the above horse been afflicted with any disease or sickness or received any hurt or injury in the past 12 months? \_\_\_\_\_ If so, provide diagnosis, treatments, dates: \_\_\_\_\_
9. Has horse ever had colic or indigestion? \_\_\_\_\_ Dates of most recent incident: \_\_\_\_\_  
Cause: \_\_\_\_\_ Surgery Performed? \_\_\_\_\_ Resection? \_\_\_\_\_
10. Are eyes, legs and feet of the above horse in normal condition? \_\_\_\_\_  
If not, please explain: \_\_\_\_\_
11. Is the above horse currently sound and healthy for he use intended? \_\_\_\_\_ If not, explain \_\_\_\_\_
12. Have you lost any horses by death in the past 3 years? \_\_\_\_\_ Date & Cause of Death: \_\_\_\_\_
13. How many other horses do you own? \_\_\_\_\_
14. Was the purchase price of the above horse paid in cash, trade or both? \_\_\_\_\_ If any part was trade, give details: \_\_\_\_\_
15. Do you understand that it is required under the policy to give IMMEDIATE notice of any illness, injury, disease or death or your claim my be denied and do you agree to do so? \_\_\_\_\_
16. Has any insurance company ever rejected an application for insurance or cancelled a policy on the above horse? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### STATEMENT OF CONDITION AND DECLARATION

I declare to the best of my knowledge and belief that the animal listed above is in normal, healthy and sound condition and have been free from any illness, injury, disease or accident. I understand and agree that this Statement of Condition shall be basis of the insurance contract and if anything is falsely stated or information is withheld to influence the company's decision to issue coverage, the insurance contract will be null and void. I hereby apply to insure the above horse, subject to the terms and conditions of the policy to be issued. I believe statements to be true and declare that no material facts have been withheld to my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_