

Horse Mortality Application and Statement of Condition

*No application will be considered if not fully completed signed and dated by insured.
 Do not use n/a or leave any question unanswered or application will be rejected.*

1. CUSTOMERS NAME: _____
2. ADDRESS: _____
3. PHONE: HOME () - DAY () - FAX () -
4. E-MAIL ADDRESS _____
5. CUSTOMERS OCCUPATION OR MAIN SOURCE OF INCOME _____
6. HOW, OR FROM WHOM DID YOU HEAR OF OUR COMPANY? _____
7. DESCRIBE ANY OTHER INSURANCE APPLYING TO THESE ANIMALS _____
8. IF NOT THE FULL OWNER OF THESE ANIMALS, PLEASE GIVE FULL DETAILS OF OTHER PARTIES,
 NAME: _____ FULL ADDRESS: _____
 INTEREST OF OTHER PARTIES _____
9. HAS ANY INSURER DECLINED OR CANCELED SIMILAR COVERAGE? Yes () No ()
10. HAVE YOU HAD A DEATH, INJURY, OR ILLNESS TO HORSES IN YOUR CARE IN LAST 3 YEARS? Yes () No ()
11. HAS THERE BEEN ANY INFECTIOUS OR CONTAGIOUS DISEASES ON THE PREMISIS WHERE YOU HAVE KEPT
 YOUR HORSES OVER THE LAST 3 YEARS? Yes () No ()
12. Does any horse listed have an ancestor known to carry HYPP? Yes () No () if yes, give hypp status (n/n, n/h, h/h) for each horse
 listed _____
13. Has any horse listed, had in the past, or currently have, conformation problems, defects or ailments, disease, lameness, injury,
 or physical disability including but not limited to: OCD, neurological disorders, navicular disease, or degenerative joint disease?
 Yes () No ()
14. Is any horse listed, **NOT** healthy and sound for the intended use? Yes () No ()
15. Has any horse listed been nerved or received any surgical treatment for lameness? Yes () No ()
16. Has any horse listed had colic or gastro-intestinal disorders? Yes () No ()
17. Has any horse listed undergone diagnostic ultrasound, x-rays, or bone scans? Yes () No ()
18. Has any horse received any joint injections, any type of medication, long or short term, or any preventative treatments in the past
 12 months? Yes () No ()
19. Has any horse listed been treated for hoof problems, founder/laminitis, or rotation of coffin bone? Yes () No ()
20. Have you filed a claim in the past 3 years for any of the listed horses? Yes () No () If yes send detailed veterinary reports.
**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE LIST QUESTION NUMBER AND GIVE
 DETAILED EXPLANATION:** _____

21. Do you understand that **immediate** notice must be given to the company upon **any** injury, illness, operation, disease, or death of an
 insured horse and that you are required to have an autopsy performed in every case of death at your expense? YES ()
22. Name, Address & Phone of usual veterinarian _____
23. Is this NEW BUSINESS() RENEWAL() ADDITION TO A CURRENT POLICY() POLICY# _____
24. Name of last years insurance company, if new business to our agency: _____ Premium\$ _____

COVERAGE OPTIONS: () Full Mortality & Theft (minimum full mortality premium per horse is \$200.00)
Medical Coverage choose any combination () COLIC () SURGICAL () \$10,000 M/M () \$15,000 M/M
 () Loss of Use (accident, sickness, disease) \$25,000 min value **3.75%** () Named Perils & Theft () Optional Perils
 () Loss of Use (external trauma only) \$25,000 min value **2.5%** () Over Seas Air Transport **0.25%**
 () Stallion Infertility (accident sickness or disease) **0.5%**

Name of Horse	Sex	Breed	Date of Birth	Date of Purchase	Purchase Price US\$	Exact Use, if Show, what type	Purchased from: Name & Address	Amount

I declare to the best of my knowledge and belief that the animal(s) listed above, to be in normal healthy, sound condition. I further declare that during the past 12 months the above listed animal(s) have been free from illness, injury, disease, or accident. I understand and agree that this certificate (along with other required forms) shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

CUSTOMER SIGNATURE _____

DATE APPLICATION COMPLETED _____

Your premium and other required forms must be submitted with this application. If all required information is not provided we will **NOT** be able to bind coverage.