



Application for Equine Mortality Insurance - THIS IS NOT A BINDER

Applicant (as it should appear on the policy): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Requested Effective Date: _____ Coverage: Mortality/Theft Specified Perils

Horse #1 Name: _____ Breed: _____

Year Born: _____ Sex: _____
(DOB if under 1 year) (Colt, Filly, Gelding, Mare, Stallion)

Amount Insured: _____ Ownership %: _____ Use: _____

Date Purchased: _____ Purchase Price: _____

Additional Coverage Options - Coverage Options Vary

- Medical/Surgical
- Surgical Only
- Increase Colic Surgery Limit
- Stallion Permanent Disability
- Other

Horse #2 Name: _____ Breed: _____

Year Born: _____ Sex: _____
(DOB if under 1 year) (Colt, Filly, Gelding, Mare, Stallion)

Amount Insured: _____ Ownership %: _____ Use: _____

Date Purchased: _____ Purchase Price: _____

Additional Coverage Options - Coverage Options Vary

- Medical/Surgical
- Surgical Only
- Increase Colic Surgery Limit
- Stallion Permanent Disability
- Other

	YES	NO
1. Are you the sole owner of the horse(s)? If NO, list owners and addresses, or lienholders/banks and addresses.		
2. Usual location of horse(s) - provide address and phone number.		
3. Name, address, phone number of your usual veterinarian.		
4. Is/are the horse(s) on a vaccination and worming program approved by a veterinarian? Frequency? _____		
5. Is there any contagious or infectious disease on the premises, or has there been during the past twelve (12) months?		
6. Is/are the horse(s) presently or previously insured? If YES, give company name, date, and amount(s).		
7. Has any company cancelled or refused to renew your coverage? If YES, state reason.		
8. Has any horse, owned by you, died within the past 36 months, whether insured or not? If YES, state number of deaths and causes.		



Declaration of Health

At inception of the policy, all horses must be sound, healthy and have no known injury, illness, lameness or disease. Any pre-existing conditions are not covered, unless otherwise noted and agreed to by the Company.

	YES	NO
1. Does a listed horse have any history of injury, illness, lameness, or disease?		
2. Does a listed horse have any past structural problems or defects, illness or disease, lameness, injury, or physical disability that could affect its ability to be used for the intended purpose?		
3. Has a listed horse received any type of medication (long or short term) for anything other than preventative treatment in the last twenty-four (24) months?		
4. Has a listed horse been examined or treated by a veterinarian for anything other than routine care within the past twelve (12) months?		
5. Has a listed horse had any other gastrointestinal disorder within the past three (3) years?		
6. Has a listed horse undergone any surgery (other than castration)?		
7. If a listed horse is a breeding female, has she ever experienced birthing difficulties?		
8. If a female, is she pregnant? If yes, give last service date and due date. Horse #1 Service Date: _____ Due Date: _____ Horse #2 Service Date: _____ Due Date: _____		
9. Are there any other facts within your knowledge, not already disclosed, affecting or likely to affect the Company's acceptance of the proposed risk?		

If YES was answered to any question above, other than question 8, please provide an explanation below. Include onset date, diagnosis, treatment, how condition was resolved and when horse(s) return to full work.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

I declare to the best of my knowledge and belief that the animal(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of this application. I hereby understand that the insurance being applied for, if accepted by the Company, will be based on statements made in this application.

I understand and agree this is not a binder, but merely an application for insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease, or death of any insured animal. Not doing so may jeopardize coverage and result in denial of any claim made.

Applicant Signature: _____ **Date:** _____

If animal is ever leased to others, please provide copy of the lease agreement with this application.

Payment Options: **Full Annual Payment** **Payment Plan (Payment Options Vary)**