



Requested Effective Date: \_\_\_\_\_

### Application for Equine Insurance

Applicants Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell No: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Coverage's Desired (Please check):

Full Mortality (12 month): ☐

Major Medical: ☐ 15,000 ☐ 10,000 ☐ 7,500 ☐ 5000 (Surgical Only)

Major Medical Premium Totals:

Contact Preference: ☐ Email ☐ Hard Copy (Mail)

Name & Registration #	DOB	Sex	Breed	Use	Purchase Price & Date	Requested Amount	Rate

**\*\*Values other than recent purchase price are subject to Company acceptance. Details of prize winnings, performance, and value of progeny sold, stud fee & number of mares booked last year and other pertinent information must be submitted on reverse side for consideration of stated values.\*\***

1. Is the applicant the sole owner of horse(s) ☐ YES ☐ NO
- a. If horse(s) being leased, indicate terms and/or amount of annual lease by attaching copy of lease agreement.
- b. If horse(s) is financed, give details: \_\_\_\_\_
2. Was purchase private or by auction and was price paid by cash, trade or both. Give details: \_\_\_\_\_

3. Sellers Name: \_\_\_\_\_

4. Where are horses usually stabled? Name, address and telephone number of usual trainer or farm manager: \_\_\_\_\_

5. Name, address and telephone number of regular veterinarian: \_\_\_\_\_

Interest  
%

6. (a) Has horse(s) suffered an accident, sickness or disease in the last two years? ☐ YES ☐ NO

If yes, give details: \_\_\_\_\_

(b) Has horse(s) ever had colic? ☐ YES ☐ NO

If yes, how many attacks? \_\_\_\_\_ Give cause and date of last attack: \_\_\_\_\_

(c) Has horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative inoculations) or are they unsound in any way? ☐ YES ☐ NO

(d) Has horse(s) been wormed and vaccinated regularly? ☐ YES ☐ NO

Frequency: \_\_\_\_\_

(e) Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the horse(s) are kept? ☐ YES ☐ NO

If yes, give details: \_\_\_\_\_

(f) Has above horse(s) suffered from melanomas, sarcoids, warts or other type of growth? ☐ YES ☐ NO

If yes, give details: \_\_\_\_\_

(g) Has any surgery been performed on any above horse(s)? ☐ YES ☐ NO

If yes, give details & dates: \_\_\_\_\_

(h) Has horse been vaccinated against West Nile Virus? ☐ YES ☐ NO

7. Are horse(s) now insured? ☐ YES ☐ NO Previously insured? ☐ YES ☐ NO

If "yes" to either question, give company, date and amount: \_\_\_\_\_

8. Has any Company cancelled or refused to renew your coverage? ☐ YES ☐ NO

If yes, give Company date and reason given for Company action: \_\_\_\_\_

#### HEALTH STATEMENT:

I/We certify to the best of my knowledge that the above named horse(s) have not had any illness, injury, lameness or disease, including, but not limited to, colic, colic surgery, nerving, degenerative joint disease, laminitis or founder (except as noted above) within the past twelve (12) months. I understand that coverage is void if any material fact has been omitted, concealed or misrepresented on this form.

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

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

#### **Applicable in Colorado:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **Applicable in Hawaii:**

for your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

#### **Applicable in Ohio:**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

#### **Applicable in Oklahoma:**

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing and false, incomplete or misleading information is guilty of a felony.

#### **Applicable in Nebraska, Oregon, and Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading.



TO BE COMPLETED AND SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE

Name of Horse: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
Sire: \_\_\_\_\_ Dam: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Use: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_ Sum Insured: \_\_\_\_\_  
Full Mortality: ☐ 12 month Major Medical: ☐ \$15,000 ☐ \$10,000 ☐ \$7,500

\$5,000  
(Surgical Only)

*Please answer the following questions to the best of your knowledge and ability by checking the appropriate box, if you need more space to answer please use the back of the form.*

1) Has the above horse ever suffered from any form of colic or other intestinal or digestive disorder, or fracture, lameness, tendon or ligament injury, accident, illness or disease or undergone any surgery (including castration if within the last 12 months) while in your ownership/ care before? ☐ YES ☐ NO

If YES give details including recovery status: \_\_\_\_\_

2) Has there been any evidence of contagious or infectious disease during the past 12 months in the location where the horse is kept? ☐ YES ☐ NO

If YES give details including recovery status: \_\_\_\_\_

3) During the last 12 months has the above horse received attention from any Veterinarian, Physiotherapist, Chiropractor, Acupuncturist or Homoeopathist for any reason other than routine vaccination or obstetric work, or received any other form of treatment for remedial purposes including farriery, and is the horse currently receiving any non-steroid anti-inflammatory or analgesic medication? ☐ YES ☐ NO

If YES give details: \_\_\_\_\_

4) Has the above horse ever suffered from melanomas, sarcoids, warts or any other type of growth? ☐ YES ☐ NO

If YES give details, including current status: \_\_\_\_\_

5) Has the above horse been vaccinated against West Nile Virus? ☐ YES ☐ NO

6) If mare, is she in foal? ☐ YES ☐ NO

If YES, give last service date and stallion: \_\_\_\_\_

To the best of your knowledge is the above horse at present normal in conformation, eyes, heart, wind and action and in good health and does it therefore in your opinion represent a normal risk for mortality insurance purposes for the use described above? ☐ YES ☐ NO

If NO give details: \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which could materially affect this insurance has been knowingly withheld.

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

Name (please print): \_\_\_\_\_

*Any person who, with the intent to defraud or knowing that he is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.*



TO BE COMPLETED AND SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE

Name of Horse: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
Sire: \_\_\_\_\_ Dam: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Use: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_ Sum Insured: \_\_\_\_\_  
Full Mortality: ☐ 12 month Major Medical: ☐ \$15,000 ☐ \$10,000 ☐ \$7,500

\$5,000  
(Surgical Only)

*Please answer the following questions to the best of your knowledge and ability by checking the appropriate box, if you need more space to answer please use the back of the form.*

1) Has the above horse ever suffered from any form of colic or other intestinal or digestive disorder, or fracture, lameness, tendon or ligament injury, accident, illness or disease or undergone any surgery (including castration if within the last 12 months) while in your ownership/ care before? ☐ YES ☐ NO

If YES give details including recovery status: \_\_\_\_\_

2) Has there been any evidence of contagious or infectious disease during the past 12 months in the location where the horse is kept? ☐ YES ☐ NO

If YES give details including recovery status: \_\_\_\_\_

3) During the last 12 months has the above horse received attention from any Veterinarian, Physiotherapist, Chiropractor, Acupuncturist or Homoeopathist for any reason other than routine vaccination or obstetric work, or received any other form of treatment for remedial purposes including farriery, and is the horse currently receiving any non-steroid anti-inflammatory or analgesic medication? ☐ YES ☐ NO

If YES give details: \_\_\_\_\_

4) Has the above horse ever suffered from melanomas, sarcoids, warts or any other type of growth? ☐ YES ☐ NO

If YES give details, including current status: \_\_\_\_\_

5) Has the above horse been vaccinated against West Nile Virus? ☐ YES ☐ NO

6) If mare, is she in foal? ☐ YES ☐ NO

If YES, give last service date and stallion: \_\_\_\_\_

To the best of your knowledge is the above horse at present normal in conformation, eyes, heart, wind and action and in good health and does it therefore in your opinion represent a normal risk for mortality insurance purposes for the use described above? ☐ YES ☐ NO

If NO give details: \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which could materially affect this insurance has been knowingly withheld.

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

Name (please print): \_\_\_\_\_

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