

EQUINE MORTALITY APPLICATION AND STATEMENT OF CONDITION
(THIS IS NOT A BINDER)

First Date Insurance Requested: _____ **All coverage is pending underwriting approval.*

Name/Address of Applicant	Contact Information	Endorsement(s) Requested (select desired coverage)
	Phone _____	<input type="checkbox"/> None <input type="checkbox"/> *Infertility (AS&D) <input type="checkbox"/> *Loss of Use
	Cell _____	<input type="checkbox"/> Colic Only (Treatment and Surgery) <i>*Pre-approval required</i>
	Fax _____	<input type="checkbox"/> Surgical Only (<i>Under General Anesthesia Only</i>)
	Email _____	<input type="checkbox"/> \$7,500 Medical Assistance **Values \$10,000 or more
		<input type="checkbox"/> \$10,000 Medical **Values \$15,000 or more
		<input type="checkbox"/> \$15,000 Medical **Values \$15,000 or more

Name of Horse	Registration or Tattoo No.	Sex	Breed	Sire	Dam	Date of Birth

Color	Purchase Date	Purchased From	Purchased at Auction, Private, *Lease, Trade or Homebred?	Purchase Price	Intended Use and Function	**Amount of Insurance Desired

**If leasing horse, copy of lease agreement is required.*

***Values other than recent purchase price are subject to underwriting approval.*

1. Was the purchase price (check one) Cash Trade Both
 *If any part trade, state what it consisted of, and state what amount of cash was paid. _____
2. Are you currently the horse's sole owner? _____ If no, provide other owner's name and address. _____
3. Is this animal presently insured by you or any of its owners? _____ If yes, for what amount, expiration date & company. _____
 Was this animal previously insured by you? _____ If yes, for what amount, expiration date & company. _____
4. Have you ever been paid or denied a livestock claim in the past 36 months? _____ If yes, give details. _____
5. Has any insurance company ever cancelled coverage or refused to insure any animal in which you have or had an insurable interest in? _____
 If yes, give details. _____
6. Has there been any illness, injury, disease, accident, or any veterinary treatment to this horse during the past 36 months? _____ If yes, provide details of condition(s), date of incident(s), and treatment(s) rendered. _____
7. Does pedigree have HYPP or HERDA linkage? _____ If yes, please provide 5 panel genetic test results. If not provided, genetic exclusion may apply.
8. Is the animal used as a hunter/jumper/eventer, for racing, or for any use **other** than that listed on the application? _____ If yes, explain use. _____
9. If you are insuring the horse for more than purchase price, the amount of insurance must be justified by performance record, winnings, training expenses incurred after the purchase, stud fee if mare is in foal, or number of mares bred if a stallion. Please give complete information to justify value. _____
10. FOR FOALS ONLY: If foal listed above is homebred, please give stud fee paid _____ and current stud fee _____. Please give produce record of Dam (including sales and performance records on other foals). _____
 FOR STALLIONS ONLY: Current stud fee _____ Stud fee last season _____ Number of mares bred last year _____ and number conceived _____
 FOR MARES ONLY: Is mare in foal? _____ if yes, what was stud fee _____ and when due to foal? _____ Has mare ever had young which were lost at birth? _____
 If yes, give details. _____

PRE-EXISTING CONDITIONS MAY BE EXCLUDED FROM COVERAGE

Statement of Condition

I, the undersigned, request insurance on the horse listed above. I understand coverage will be subject to the terms and conditions of the Policy to be issued, and I warrant the correctness and truth of the information stated above and declare to the best of my knowledge that during the past 36 months the animal has been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand this Application and Statement of Condition shall be the basis of the insurance contract and if anything is falsely stated or withheld, the insurance contract could be rendered null and void. I also understand that no coverage will be in effect until the date shown on the policy to be issued and I agree to NOTIFY THE COMPANY IMMEDIATELY SHOULD THERE BE ANY INJURY, ILLNESS OR POTENTIAL CLAIM involving the horse insured.

DATE SIGNED: _____ SIGNATURE OF APPLICANT: _____

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED. PHOTOS REQUIRED IF HORSE IS UNREGISTERED

***Proof of purchase is required in the event of a mortality claim. Please retain a copy of the canceled check, wire transfer or bill of sale for your records.**