

**Equine Mortality Application**

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED AND THE VETERINARIAN.

Desired Effective Date:

**Coverage Desired (please check):**

<input type="checkbox"/> Full Mortality	<input type="checkbox"/> Named Perils
<input type="checkbox"/> Major Med -\$10,000	<input type="checkbox"/> Optional Perils
<input type="checkbox"/> Major Med -\$15,000	<input type="checkbox"/> Loss of Use
<input type="checkbox"/> Surgical - \$10,000	<input type="checkbox"/> Accident, Sickness & Disease
<input type="checkbox"/> Colic - \$10,000	<input type="checkbox"/> Congenital Infertility
<input type="checkbox"/> Agreed Value	<input type="checkbox"/> Guaranteed Renewal

1. Name of Applicant

2. Address:

3. Telephone Number:

4. Is this:  New Business,  A Renewal,  Additional Coverage, Current Policy Number \_\_\_\_\_

5. Are any of the animals listed herein financed? \_\_\_\_\_ In so, state amount, when and to whom due. (Give address) \_\_\_\_\_

6. Is there any other insurance on any of the animals listed herein? \_\_\_\_\_

7. Chiefly kept on premises know as \_\_\_\_\_ (Give complete address of location.)

8. Name and address of trainer \_\_\_\_\_

1.	Name of Animal	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed/Registration Number	Dam		DOB	Date Purchased	Rate	
2.	Name of Animal	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed/Registration Number	Dam		DOB	Date Purchased	Rate	

9. If mare in foal, name covering stallion & stud fee paid. \_\_\_\_\_ If raised foal, give stud fee. \_\_\_\_\_

10. Has any animal above named been afflicted with any disease or sickness or received any hurt or injury in the past 12-month period? \_\_\_\_\_  
 If so, give particulars. \_\_\_\_\_

11. Is any animal named above to be used as a hunter / jumper / eventing or for racing? \_\_\_\_\_ If so, explain use. \_\_\_\_\_

12. Are eyes, legs and feet of every animal named above in normal condition? \_\_\_\_\_

13. Has any animal named above ever had colic or indigestion? \_\_\_\_\_ If so, how often? \_\_\_\_\_  
 When was last attack? \_\_\_\_\_ Give cause of attack, if known. \_\_\_\_\_

14. How many animals did you lose by death in the last 3 years? \_\_\_\_\_ Give cause of attack, if known. \_\_\_\_\_  
 Date of death \_\_\_\_\_ Insured amount paid \_\_\_\_\_ How many other animals of this type do you own? \_\_\_\_\_

15. Was purchase price necessary cash, trade or both? If any part trade, state what is considered of, and state what amount of cash was paid. \_\_\_\_\_

16. Do you understand that it is required under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY, DISEASE OR DEATH or Your claim may be denied, and do you agree to do so? \_\_\_\_\_

17. Has any company ever rejected an application for insurance or cancelled a policy on any of the herein-described animals? \_\_\_\_\_  
 If yes, Explain: \_\_\_\_\_

**STATEMENT OF CONDITION**

I declare to the best of my knowledge and belief that the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be 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.

**DECLARATION**

I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief the statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

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

