

Standard All Risk Mortality & Theft Application

(Minimum policy premium \$200 fully earned.)

P.O. Box 3870, Glen Allen, Virginia 23058-3870
 (800) 446-7925 (804) 965-1698 Fax (804) 527-7999
 www.horseinsurance.com

If you would like to add a horse(s) to an existing policy, please indicate current policy number: _____

1. Named Insured - Full Name(s)/DBA: _____
2. Address: _____
 City: _____ State: _____ Zip: _____ Home Phone No.: (____) _____ - _____
3. Business Phone No.: (____) _____ - _____ Fax Number: (____) _____ - _____ Email Address: _____
4. Total Number of horses to be covered by this policy: _____ Total Number of Horses Owned: _____

Horse No.	Name* & Registration #	Breed	Birth Date	Color	Sex	Use	Date Purchased	Purchase Price	Amount of Insurance
1									
2									
3									

*Provide name of sire & dam for unnamed foals. Provide photographs of unregistered horses.

5. **Optional Coverages (NOTE: Rates and Coverages may vary in certain states.)**

Choose One: <input type="checkbox"/> Medical / Surgical Plan 1** OR <input type="checkbox"/> Medical / Surgical Plan 2** <input type="checkbox"/> Surgical**	\$8,000 limit per horse per policy term, up to 15 years old Plan 1: \$191 Premium (\$500 Deductible, 25% co-pay) Plan 2: \$289 Premium (\$250 Deductible) Available to horses up to 18 years old. \$115 Premium, \$50 deductible, \$5,000 limit	<i>Apply coverage to:</i> <input type="checkbox"/> Horse 1 <input type="checkbox"/> Horse 2 <input type="checkbox"/> Horse 3 <i>Apply coverage to:</i> <input type="checkbox"/> Horse 1 <input type="checkbox"/> Horse 2 <input type="checkbox"/> Horse 3
Please call for further details: <input type="checkbox"/> Permanent Disability – Available to performance horses (not all uses) greater than \$10,000 only. <input type="checkbox"/> Personal Horse Liability – Not applicable for commercial equine operations. <input type="checkbox"/> Stallion Infertility Due to Accident, Sickness or Disease		

** Not available for race horses or horses in race training and must be approved by an Underwriter.

6. a.) Have you had any horse mortality, medical/surgical and/or liability claims or losses whether insured or not? Yes No
 b.) If yes, please explain: _____
7. a.) Has any insurer ever refused, cancelled or non-renewed insurance for you or any of your owned horses? Yes No
 b.) If yes, provide full details: _____
8. a.) Are you insuring or have you insured other horses with another company/agency? Yes No
 b.) If yes, Company/Agency Name: _____ Expiration Date of Policy: _____
9. a.) Are you the sole owner of the horse(s)? Yes No
 b.) If no, other Owner's Name & Address: _____
 c.) Is the horse being leased? Yes No **If yes, please contact our office for a Leased Justification of Value form.**
 d.) If yes, Name & address of loss payee/lessee: _____



Veterinary Certificate of Examination

Named Insured: _____ Policy Number (if existing policy): _____

The horse being examined should be moved about outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious disease.

Please request additional form for permanent disability coverage.

TO THE VETERINARIAN: Horses with a history of colic, founder or nerving may not be insurable. If there is evidence or knowledge of these problems, please provide all details. I, _____, do certify that I am a graduate Veterinarian holding a current license to practice in _____ (indicate state) and that I have this date and time examined:

Table with 7 columns: Horse #, Name & Tattoo Or Reg. No., Breed, Age, Color, Sex, Sire/Dam. Rows 1, 2, 3.

Owned By: _____ Location of animal(s): _____

Form with 22 numbered questions and two columns for 'Indicate Horse Number(s) Yes No'.

<p>23. Subject to or any history of gastro intestinal/digestive disorders? _____</p> <p>24. a.) Has any surgery been performed? _____ b.) If yes, has horse fully recovered? _____ If yes, attach details on separate page.</p> <p>25. Is there likelihood of future danger to life or limb as a result of such surgery? _____</p> <p>26. If male, are both testicles evident? _____</p> <p>27. Has horse been castrated? _____</p> <p>28. a. If female, is she reported in foal? _____ b. If in foal, give due date: _____</p>	<p style="text-align: center;">For foals 24 hours to 90 days of age, you must also complete the following questions.</p> <p>29. Was birth normal with no complications? If no, attach details on separate page. _____</p> <p>30. Date and time of birth: _____</p> <p>31. Normal urination & bowel movement? _____</p> <p>32. Has foal received any medication? _____</p> <p>33. Is Igg/CBC normal on this date? _____</p>
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Give complete details in regard to any of the above questions that might have a bearing on the health or conformation or soundness of this horse: _____

Are any of these horses receiving any medication? If so, give details: _____

In addition, are there any other medical facts that you feel should be brought to the attention of the Company? _____

Except as noted above, I certify that to the best of my knowledge and belief that the horse(s) is/are healthy and insurable sound.

Signature: _____ Phone Number: (____) _____ Fax Number: (____) _____

Address: _____ Date & Time of Exam: _____

This certificate must be received by the Company within 30 days of the exam date and/or prior to renewal.

Please note the owner/agent is responsible for submitting this form to the Insurance Company.



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