



MORTALITY INSURANCE APPLICATION

Horse Owner: _____

Company: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Primary Phone: _____

Other Phone: _____

Broker: _____

Agent: _____

Payment Plan: *

1 Pay 2 Pay*

3 Pay* 4 Pay*

*1st payment due with effective date. All subsequent payments are bi-monthly

*\$750 minimum premium

Horse Schedule:

	Name of Horse (or Sire x Dam if not registered yet)	Breed	Sex	Exact Use	Date of Birth	Purchase Date	Purchase Price
A							
B							
C							
D							

Coverages: Horse(s)

A B C D

- Mortality** Full Mortality Coverage – including Free Colic Surgery coverage
- Limited Mortality- Restricted Perils / Accident Only
- Additional** Surgical Only – Specify Benefit Level _____
- Options:** Stallion Infertility for A S&D
- Territorial Limits for horses located outside the US or Canada (Must complete question 3 below)
- Transit Coverage for horses being imported/exported (Provide details in question 3 below)
- Other Coverage: _____
- Embryo or Pro-Foal coverage – Requires a different application and vet exam. Contact us for details.

Major Medical

Option	Limit	Deductible			
1	\$7,500	\$500	CoPay 0%	CoPay 15%	CoPay 20%
2	\$7,500	\$1,250	CoPay 0%	CoPay 15%	CoPay 20%
3	\$10,000	\$500	CoPay 0%	CoPay 15%	CoPay 20%
4	\$10,000	\$1,250	CoPay 0%	CoPay 15%	CoPay 20%
5	\$15,000	\$500	CoPay 0%	CoPay 15%	CoPay 20%
6	\$15,000	\$1,250	CoPay 0%	CoPay 15%	CoPay 20%

* \$5,000 Emergency Colic Surgery provided at no cost, if no MM plan is purchased. \$10,000 Life Saving Surgical provided at no additional cost, replacing Emergency Colic Surgery, when any MM plan is purchased.

Premium Calculations:

Horse	Insured Value	Rate (%)	Mortality Premium	Additional Options	Major Medical	Total Cost
A						
B						
C						
D						
Totals						



Health / History

- 1. Are you the sole owner of the horses? Yes No If **No**, please provide your interest in the horse(s) and list the owner(s) of each horse.
- 2. Are the horses healthy and sound for the use intended without the use of medications? Yes No If not, please provide dates and details.
- 3. Which horse(s) are to be outside the United States or Canada during the coverage period. Provide details, including dates and locations for coverage consideration. **Note that the Company requires prior written notification if any horse may later travel outside the United States or Canada.**
- 4. If any horse is a recent purchase, was a pre-purchase exam completed? Yes No If yes, please include a copy of the exam with your application.
- 5. Please provide name, address, and phone number of your usual veterinarian

Please attach supporting detail for any of the following conditions answered in the affirmative for any horse

- 6. Carries ancestral HYPP Yes No
- 7. Past or present defects, ailments, disease, injury, physical disability or conformation problems Yes No
- 8. Lameness, OCD, neurological disorders, navicular disease, arthritis and/or degenerative joint disease Yes No
- 9. Nerved or received any surgical treatment for lameness Yes No
- 10. Past or present colic or intestinal disorder Yes No
- 11. Treated by veterinarian for anything other than routine care Yes No
- 12. Undergone diagnostic ultrasounds, X-rays or bone scans Yes No
- 13. Received joint injections Yes No
- 14. In the last 12 months, received any long-term or short-term medication or preventative treatments Yes No
- 15. Received any other medications or supplements Yes No
- 16. Treated for hoof problems, founder/laminitis or rotation of the coffin bone Yes No
- 17. In the last 12 months, been exposed to any contagious or infectious disease on the premises Yes No

Insurance

Provide previous insurance company and expiration date of current policy, if covered

If insurance has ever been declined, refused to be renewed or restricted, provide details

In the past three (3) years, provide carrier, horse name, and amount paid for any claim

I understand that immediate notice must be given to the company upon any injury, illness, operation, disease or death of an insured horse. Failure to do so may jeopardize the ability of the Company to pay a claim. We also recommend you retain proof of purchase (bill of sale or cancelled check).



Value Substantiation

Show Results	For last twelve months, include show ratings, level, and winnings, where applicable. If applicable, include USEF registration # and/or breed registration #. If necessary, attach separate sheet.
Training Record	Description of additional training the horse has received since purchase. Please specify name of trainer, dates in training, and charge per month, not including board, vet, farrier, or other charges. Please specify the horse's current capabilities. If necessary, attach separate sheet.
Stallion Questions	If AS&D coverage is also desired, please complete the Stallion AS&D Supplemental Application. Please provide current stud fee, mares bred last full season, mares booked for current season, and bookings for next season. Also include average sales price of offspring, and offspring performance records. If necessary, attach separate sheet.
Broodmare Questions	Please provide stallion bred to, due date, year of last foaling, and foaling record. Also include average sales price of offspring, and offspring performance records. If necessary, attach separate sheet.
Foal/Yearling/Young Horse Questions	Please provide sire/dam, stud fee of sire, and sale prices and/or performance records of full/half siblings. If necessary, attach separate sheet.

Additional information or comments:

Declaration

I, the undersigned, hereby apply to insure the above-mentioned horse(s), subject to the terms and conditions of the Policy to be issued, and I declare, to the best of my knowledge and belief, that the above 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. If anything has been falsely stated or information has been withheld to influence the Company's decision, the insurance contract will be null and void.

Signature

Date
(must be less than 30 days prior to policy effective date)