



NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED.

<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Home Phone: _____ Office Phone: _____</p> <p>Cell Phone: _____ Fax: _____</p> <p>Email Address: _____</p>	<p>Desired Effective Date: _____</p> <p><input type="checkbox"/> Mortality</p> <p><input type="checkbox"/> \$7.5K Major Medical</p> <p><input type="checkbox"/> \$10K Major Medical</p> <p><input type="checkbox"/> \$12.5K Major Medical</p> <p><input type="checkbox"/> \$15K Major Medical</p> <p><input type="checkbox"/> Surgical Only</p> <p><input type="checkbox"/> 5,000 Extended Colic</p> <p><input type="checkbox"/> _____</p>
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<p>Horse's Name: _____ Use: _____ Year Foaled: _____</p> <p>Breed /Registration Number: _____ <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion <input type="checkbox"/> Colt <input type="checkbox"/> Filly</p> <p>Purchase Price: _____ Date Purchased: _____ Amount Insured: _____</p>
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1. Are you a new client? Yes No
2. Name / Address / Phone of Trainer: _____
3. Name / Address / Phone of regular Veterinarian: _____
4. Is the horse: Financed On Trial Leased (Lease Agreement Required) Not Applicable
 Name / Address: Additional Insured Lessee/Lessor: _____
5. Is the horse owned 100%? Yes No Was Purchase price: Cash Trade, Explain: _____
6. Has the horse named above been afflicted with any disease, sickness or injury in the past 12 months?
 Not to my knowledge Yes, Description: _____
7. Are eyes, legs, and feet of the horse named above in normal condition?
 Yes to my knowledge No, Description: _____
8. Has the horse listed above had colic or indigestion? Not to my knowledge Yes, Explain: _____
9. Has any horse owned by you died in the last three (3) years? No Yes, Description: _____
10. Has any company ever rejected your application for Insurance, or cancelled a policy on the horse named above? No Yes
11. Will the horse be traveling internationally? Yes No

STATEMENT OF CONDITION

I declare to the best of my knowledge and belief that the animal listed on the above schedule to be in normal healthy sound condition. I further declare that during the past 12 months the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this application shall be the 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 animal owned by me, subject to the terms and conditions of the policy to be issued, including, but not limited to, **the requirement under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY OR DISEASE or a claim may be denied.** I declare that to the best of my knowledge and belief 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 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 Owner/Lessee: _____
(Must be 18 years of age.)

Thank You For Your Business!