



## Application for Equine Mortality

This is not a binder. No application will be considered if not fully completed and signed by the insured.

### I. Applicant Information

Name (as it should appear on policy): \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone - Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Proposed Effective Date: \_\_\_\_\_

2. Are you applying for a new policy or to endorse an existing policy?  New  Existing Policy Number: \_\_\_\_\_

3. a. Are you a member of any professional equine associations? (e.g. AQHA, TOBA, USEF, etc.):  Yes  No

b. If yes, please list: \_\_\_\_\_

4. Total Number of horses to be covered by this policy: \_\_\_\_\_ Total number of horses owned: \_\_\_\_\_

5. 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: \_\_\_\_\_

6. 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: \_\_\_\_\_

7. a. Are you insuring other horses with another company/agency?  Yes  No

b. If yes, Company/Agency Name: \_\_\_\_\_ Expiration Date of Policy: \_\_\_\_\_

### II. Horse Information

Horse Name: \_\_\_\_\_ Registration #: \_\_\_\_\_ Color: \_\_\_\_\_

For any unnamed foal, provide: Sire Name: \_\_\_\_\_ Dam Name: \_\_\_\_\_

Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance
_____	_____	_____	_____	_____	_____	_____

If mare, is horse in foal?  Yes  No If yes, due date: \_\_\_\_\_

### III. Coverage Information

**Emergency Colic Surgery:** \$5,000 limit automatically included on eligible policies  \$10,000 limit (addt. premium)

**Medical/Surgical Coverage:** For additional premium. Not available for race horses or horses in race training.

Choose one of the following limits (subject to co-pay and deductible):

\$5,000 limit  \$7,500 limit  \$10,000 limit  \$15,000 limit

**Surgical Coverage:** Limit cannot exceed Mortality insured value. Not available for race horses or horses in race training.

Choose one of the following limits:

\$5,000 limit  \$10,000 limit

**Race Horse Surgical** (\$5,000 limit): Available for Racing Horses aged 2 years to 6 years.

**Private Horse Owner Liability:** Not available for Commercial Equine Operations, (Supplemental Application Required)

\$1,000,000 per occurrence limit/\$3,000,000 aggregate limit

**Stallion Permanent Disability/Infertility:** (Veterinary Exam Required with reference to Genitalia)

**Transit Coverage** (select if there are any plans to transport this horse outside of the Continental US/Canada)



## Application for Equine Mortality

This is not a binder. No application will be considered if not fully completed and signed by the insured.

### IV. General Information

1. a. Are you the sole owner?  Yes  No  
 b. If no, other owner's name and address: \_\_\_\_\_
2. a. Is horse being leased to  or from  another party?  
 b. If yes: provide name and address of lessor/lessee: \_\_\_\_\_
3. a. Is horse in competition?  Yes  No  
 b. If no, provide substantiation of requested amount of insurance. \_\_\_\_\_
4. a. Do you have care, custody, and control of this horse?  Yes  No  
 b. If no, provide name and address of person who does: \_\_\_\_\_

### V. Declaration of Health (to be completed by the Applicant)

**NOTE: The Company may still require the completion and acceptance of a Veterinary Certificate, in addition to the questions to be answered below.**

1. Is horse on inoculation and worming program approved by a veterinarian?  Yes  No
2. Does horse have any history of injury, illness, lameness, or disease?  Yes  No
3. Has horse suffered from colic or any other gastro-intestinal related illness?  Yes  No
4. Has horse undergone surgery (other than castration), been fired, blistered, nerved, treated, or examined for lameness?  Yes  No
5. Does the horse have conformation that could affect its ability to be used for the purpose described on this application?  Yes  No
6. Has horse been examined by a veterinarian for anything other than routine care?  Yes  No  
 Note: If seen for a pre-purchase exam, please submit a copy.
7. (a) Has horse received any joint injections?  Yes  No  
 (b) Are injections routine/maintenance only?  Yes  No
8. Does horse receive any medication?  Yes  No
9. Has the horse undergone diagnostic ultrasounds, CT or Bone scans, MRI's, or X-rays?  Yes  No
10. If yes to questions numbered 2-9 above, please provide details including date(s), diagnosis, treatment, and recovery.  
 \_\_\_\_\_  
 \_\_\_\_\_

11. a. American Quarter Horse/Appaloosa/Paint Horse: Does pedigree have HYPP linkage?  Yes  No  
 b. If yes, provide date of testing, results and if N/H, has the horse experienced any episodes? \_\_\_\_\_

**Note: H/H horses are not insurable.**

### VI. Signature

*The Applicant hereby applies for Equine Mortality and Limited Theft/Unlawful Removal coverage and understands that signing this Application does not bind the undersigned to purchase or the Insurer to sell any insurance policy. If a policy is issued, this Application and its attachments shall be the basis of such policy and shall be deemed attached to and shall form part of such policy. In making this application, the Policyholder represents that the statements in this Application and its attachments are true and complete and that the undersigned has the authority to bind the Policyholder to the proposed Policy. If there are material changes to any statements in this Application or its attachments prior to the inception date of the policy, the undersigned shall immediately notify the Insurer of such changes. Upon receipt of such notification, the Insurer shall have the right to modify or withdraw any outstanding terms or proposal.*

#### Applicant:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_



## Application for Equine Mortality

*This is not a binder. No application will be considered if not fully completed and signed by the insured.*

### VII. Schedule of Horses

	NAME <u>OR</u> Sire/Dam Names					Registration #	Color	
1	Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance	Medical/Surgical Limit
	NAME <u>OR</u> Sire/Dam Names					Registration #	Color	
2	Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance	Medical/Surgical Limit
	NAME <u>OR</u> Sire/Dam Names					Registration #	Color	
3	Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance	Medical/Surgical Limit
	NAME <u>OR</u> Sire/Dam Names					Registration #	Color	
4	Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance	Medical/Surgical Limit
	NAME <u>OR</u> Sire/Dam Names					Registration #	Color	
5	Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance	Medical/Surgical Limit
	NAME <u>OR</u> Sire/Dam Names					Registration #	Color	

## Privacy Policy / Notice to California Customers

Andreini & Company (the "Company") has developed this California Privacy Policy out of respect for the privacy of our customers and visitors to our website. This policy describes the personal information we collect, use, and disclose about individual customers and website visitors who are California residents. This policy applies only to California residents who are natural persons; it does not apply to any entities (whether business, non-profit or governmental) or to any person who is not a California resident.

Please click the CCPA link below to view **Andreini's** California Consumer Privacy Policy (CCPA) which is effective 1/1/2022. [CCPA Privacy Policy](#).

No further action is required from you.

*Andreini does not sell any information we collect to any third parties, nor do we target market products based on the data we gather. It is used for the sole purpose of obtaining insurance quotations and policies for the consumer.*

Thank you for your continued trust in Andreini & Company. If you have any questions or concerns, please contact your Account Representative. If you do not want Andreini & Company to share your information with an insurer as permitted in our Privacy Policy, you can opt out by clicking [here](#) to complete the opt-out form and return it to your Producer or Account Manager.

## Privacy Policy Notice / All other States

### *Important Notice About Our Information Practices And The Protection Of Your Privacy*

Andreini & Company values your business and the trust you've placed with us. We are committed to safeguarding "Private Information" (meaning any and all proprietary and confidential or personal non-public private information) about "You" (meaning you or your employees or dependents) before, during and after your business relationship with us. This notice describes our policy regarding the collection and disclosure of all proprietary and confidential or personal non-public personal information.

**Information We Collect** *We collect Private Information about you including but not limited to:*

- Information you provide us on applications or other forms
- Personal Health Information (PHI)
- Financial and Credit Information
- Claims, billing, payment history, and other transaction information we receive from you, our affiliates and others
- Motor Vehicle Driving Records
- Information we receive from other agents, brokers, administrators, investigators, insurance support agencies, insurance companies, legal counsel, consumer reporting agencies and government reporting agencies.

**Information We Disclose.** We do not disclose any Private Information about You to anyone, except as permitted or required by law. We may disclose Private Information about you to affiliates and nonaffiliated third parties to put into effect, administer, or enforce your insurance policies or transactions, including but not limited to:

- Claims administrators
- Insurance companies
- Appraisers, auditors, loss control consultants, inspectors, and other insurance support services
- Governmental agencies
- Affiliates or third parties for the purpose of conducting an audit of the services provided
- Lienholders, mortgagees, or other persons or entities with a legal or beneficial interest
- Persons, Law Firms or Government Agencies when lawfully entitled pursuant to a subpoena or court order.

**Our Practices Regarding Information Confidentiality and Security.** We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to protect your Private Information. We do not sell or provide your information for marketing purposes to any party.

Please click the link to view **Andreini's** full [Privacy Policy](#).