



Additional Horse - Equine Mortality

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

Name Insured: _____ Current Policy #: _____

I. 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: _____

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: _____

II. 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.



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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)

IV. 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: _____