

Equine Insurance Center

P.O. Box 129

Liberty, NC 27298

Phone (336) 622-1770 Toll Free (888) 335-3338

Fax (336) 622-7783

www.equineinsurancecenter.com

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED AND VETERINARIAN.

Desired Effective Date: _____

Coverage Desired (please check)

- | | |
|--|---|
| <p>1. Name of Applicant _____</p> <p>2. Address _____
_____</p> <p>3. Telephone Number _____</p> <p>4. Is This: New Business <input type="checkbox"/>; A Renewal <input type="checkbox"/>; Additional Coverage <input type="checkbox"/> Current Policy Number _____</p> <p>5. Are any of the animals listed herein financed? _____ If so, state amount, when and to whom due. (Give Address) _____
_____</p> <p>6. Is there any other insurance on any of the animals listed herein? _____ Are you the sole owner of this/these horse(s)? _____</p> <p>7. Chiefly kept on premises known as _____ (Give complete address of location.)</p> <p>8. Name and address of trainer _____</p> | <p>A. Full Mortality <input type="checkbox"/> B. Named Perils <input type="checkbox"/></p> <p>Major Medical <input type="checkbox"/></p> <p>Surgical <input type="checkbox"/> Optional Perils <input type="checkbox"/></p> <p>ASD <input type="checkbox"/></p> <p>Loss of Use <input type="checkbox"/> Trip Transit <input type="checkbox"/></p> |
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1.	Name of Animal	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed / Registration	Dam		DOB	Date Purchased	Rate	
2.	Name of Animal	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed / Registration	Dam		DOB	Date Purchased	Rate	

9. If mare in foal, name covering stallion & stud fee paid? _____ If raised foal, give stud fee? _____
10. Has any horse above named been afflicted with any disease or sickness or received any hurt or injury in the past 12 month period? _____
If so, give particulars: _____
11. Is any horse named above to be used as a hunter/jumper/eventer or for racing? _____ If so, explain use: _____
12. Are eyes, legs, and feet of every animal named above in normal condition? _____
13. Has any horse named above ever had colic or indigestion? _____ If so, how often? _____
When was the last attack? _____ Give cause of attack, if known _____
14. How many horses did you lose by death in the last 3 years? _____ Cause of death? _____
Date of death _____ Insured amount paid \$ _____ How many other animals of this type do you own? _____
15. Was purchase price cash, trade, or both? If any part trade, state what it consisted of, and state what amount cash was paid _____
16. Do you understand that it is required under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY, DISEASE OR DEATH or your claim may be denied and do you agree to do so? _____
17. Has any company ever rejected an application for insurance or cancelled a policy on any of the herein described animals? _____ Explain _____

DECLARATION

I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the policy to be issued and 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 Applicant _____

SUBSTANTIATION FOR INSURANCE VALUES

AMOUNTS OTHER THAN THE PURCHASE PRICE ARE SUBJECT TO ACCEPTANCE BY THE COMPANY FOR CONSIDERATION OF INCREASE AND/OR STATED VALUES. Please indicate below each animal's records (if any) of Show (class points), Racing (wins earned), Sires (stallion), and Produce (mares). Also include details of prize winnings, stud fees, value of progeny (full brother-sister) sold-raced-shown, additional cash investments, and other pertinent data relating to value (attach additional sheets as required):

	Name	Information
(1)		
(2)		

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE (Not necessary for Specified Perils Coverage--F.L.T.)

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining veterinarian to the best of his ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, _____ do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____ and that I have this day examined:

1. Name _____	Age _____	Color _____	Sex _____	Breed _____
2. Name _____	Age _____	Color _____	Sex _____	Breed _____

Owned by _____
Name Address Zip

	Address			Zip	
	Yes	No		Yes	No
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	History of colic?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	History of evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	Has horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated?	<input type="checkbox"/>	<input type="checkbox"/>	Has any surgery been performed on the horse?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	If mare, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>
History of laminitis / founder?	<input type="checkbox"/>	<input type="checkbox"/>	If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>

Date last Wormed _____ How often Wormed _____

If any surgery has been performed, describe type of surgery and date _____

If surgery has been performed, has horse fully recovered? _____

Is there any likelihood of future danger to life or limb as a result of such surgery? _____

Any lameness or faulty conformation or other abnormal conditions? _____

Is the stabling adequate? _____ Is there evidence of vices or objectionable habits? _____

In your opinion or to your knowledge are there any medical facts that should be brought to the attention of the company? _____

Are you the regular veterinarian for this horse or client? _____

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HORSE IS, EXCEPT AS NOTED, SOUND.

Remarks _____

Signed _____ Date of Exam _____ Address _____
Veterinarian Phone Number including Area Code () _____