

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.

Desired Effective Date: _____

Coverage Desired (please check)

- | | | | | |
|--------------------------------|----------------|----------------------------------|-----------------------------------|-----------------------------------|
| 1. Name of Applicant _____ | Full Mortality | <input type="checkbox"/> | Colic Endorsement | <input type="checkbox"/> |
| 2. Address _____ | Major Medical | \$7,500 <input type="checkbox"/> | \$10,000 <input type="checkbox"/> | \$15,000 <input type="checkbox"/> |
| _____ | Surgical | \$5,000 <input type="checkbox"/> | \$10,000 <input type="checkbox"/> | |
| 3. Home Telephone Number _____ | ASD | <input type="checkbox"/> | Named Perils | <input type="checkbox"/> |
| Work Telephone Number _____ | Loss of Use | <input type="checkbox"/> | Trip Transit | <input type="checkbox"/> |

4. Is This: New Business ; A Renewal Additional Coverage : Current Policy Number _____
5. Are any of the horses listed herein financed? _____ If so, state amount, when and to whom due. (Give Address) _____
6. Is there any other insurance on any of the horses listed herein? ____ Are you the sole owner of this/these horse(s)? _____
7. Chiefly kept on premises known as _____ (Give complete address of location.)
8. Name and address of trainer _____

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 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 horse 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 horses 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 horses? _____

DECLARATION

I, the undersigned, hereby apply to insure the above mentioned horses 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 _____

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THIS FORM IS REQUIRED

NAMED INSURED _____ **PHONE NUMBER:** _____

ADDRESS: _____

COVERAGES DESIRED: Full Mortality Major Medical Limits \$7,500 \$10,000 \$15,000
Surgical Limits \$5,000 \$10,000 Colic Endorsement

EFFECTIVE DATE DESIRED: _____

Horse No.	Name	Breed	Age	Sex	Use	Purchase Price	Amount of Insurance	Rate
(1)								
(2)								
(3)								

Horse #1 Horse #2 Horse #3

1. Is the horse currently sound and healthy for the use intended? Yes No Yes No Yes No
2. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or degenerative joint disease? Yes No Yes No Yes No
3. Has the horse had any colic or intestinal disorder? Yes No Yes No Yes No
4. Has the horse been nerved, undergone diagnostic ultrasound or X-rays, or received any surgical treatment for lameness? Yes No Yes No Yes No
5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year? Yes No Yes No Yes No
6. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No Yes No Yes No
7. If "yes" was answered to any question 2 through 7, please provide details below.

I declare to the best of my knowledge and belief that the animal(s) listed on the above schedule are in normal, healthy and sound condition and have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this Statement of Condition shall be basis of the Insurance contract and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage, the Insurance contract will be null and void.

DATE SIGNED

SIGNATURE OF INSURED