

# 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 \_\_\_\_\_ A. Full Mortality  B. Named Perils   
2. Address \_\_\_\_\_ Major Medical   
\_\_\_\_\_ Surgical  Optional Perils   
3. Home Telephone Number \_\_\_\_\_ ASD   
Work Telephone Number \_\_\_\_\_ Loss of Use  Trip Transit
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 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 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? \_\_\_\_\_ Explain \_\_\_\_\_

## 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 \_\_\_\_\_

# 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

**THIS FORM APPLIES ONLY TO ANIMALS CURRENTLY INSURED FOR  
 \$50,000 (Fifty Thousand Dollars) or Less**

**NAMED INSURED** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

COVERAGES DESIRED:      Full Mortality       Major Medical       Surgical

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**