

Desired Effective Date** _____ **Coverage cannot be bound if the APP/SOC or VC are received outside of business hours (Mon-Fri: 9-4, EST) – payment must accompany forms to start coverage

1. Name of Applicant _____ your birthdate: _____
 cannot be held by minor . parent/guardian must also be listed

Coverage(s) to ADD to MORTALITY (check):
 Maj Med 10K Maj med 15k
 ^Horse must be insured for \$15,000 to get Major Medical
 Surgical 10K Colic only 10k

2. Address _____

ASD stallion fertility **Short-term Coverage**
 Full Loss of Use* 30 days 60 days
 *not available on all horses 90 days 2-weeks

3. Phone number _____ email: _____

4. Are any of animals listed financed? Yes No Is yes, give amount and name/address _____

5. Is there any other insurance on any of the animals listed herein? Yes No _____

6. Name/Address of boarding facility (include contact name) _____

7. Name and address of trainer _____

****SEX: Indicate M for mare; F for filly; C for colt; S for stallion; or G for gelding**

Name of Animal	Sire	Specific Use	Sex*	Purchase Price	Amount Desired
1	Breed	Dam		\$	\$
			Year born	Date Purchased	

Name of Animal	Sire	Specific Use	Sex*	Purchase Price	Amount Desired
2	Breed	Dam		\$	\$
			Year born	Date Purchased	

Name of Animal	Sire	Specific Use	Sex*	Purchase Price	Amount Desired
3	Breed	Dam		\$	\$
			Year born	Date Purchased	

8. **If mare in foal**, name covering stallion _____ & stud fee paid _____ **If raised foal**, give stud fee \$ _____

9. If any horse is a Quarter Horse, Paint, Appaloosa, is it of the Impressive bloodline? Yes No If so, what is the result of the HYPP test? _____

10. Has any animal above been afflicted with any disease or sickness or received any hurt or injury in the past 12 month period? Yes No If yes, attach particulars.

11. Is any animal named above to be used as a jumper , eventer or for racing (check if applicable) If eventing, indicate level _____

12. Are eyes, legs and feet of every animal named above in normal condition? Yes No If no, attach particulars.

13. Has any animal named above ever had colic or indigestion? Yes No If so, how many times? _____
 When was last attack? _____ Give cause of attack, if known _____

14. How many animals 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 what amount cash was paid _____
If this is not a current purchase, why are you insuring the horse at this time _____

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? Yes No

17. Has any company ever rejected an application for insurance or cancelled a policy of any of the herein described animals? Yes No If yes, please 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 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: _____

STATEMENT OF CONDITION FOR HORSES VALUED AT \$100,000 OR LESS

NAMED INSURED:

Coverage cannot be bound if the application and statement of condition are received outside of business hours (Mon-Fri: 9-4, EST). The forms and payment can be emailed, faxed or mailed (fax and email are available 24 hours a day).

HORSES TO BE INSURED:

#	NAME	BREED	YEAR BORN	SEX	USE**	DATE OF PURCHASE	PURCHASE PRICE	AMOUNT OF INSURANCE
1.							\$	\$
2.							\$	\$
3.							\$	\$

USE** list specific type of showing (i.e., jumping, reining, dressage, etc)

If insuring for more than the purchase price or if the horse was purchased more than a year ago, provide Justification Of Value (show records, training costs, breeding records – use JOV form).

- | | | | |
|---|--|--|--|
| | Horse #1 | Horse #2 | Horse #3 |
| 1. Is the horse currently sound and health for the use intended | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Has the horse had any colic or intestinal disorder? If so, please provide treatment, dates, details (including if a resectioning was performed) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Has the horse been nerved, undergone diagnostic ultrasound or X-rays, or received any surgical treatment for lameness? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

7. If Yes+answered to question 2 through 7, please provide details below including onset of condition, dates of treatment, is horse back to work full-time (use additional paper if necessary):

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.

I acknowledge that I must give immediate notice of any accident, sickness or disease to the insurance company.

Date signed: _____ Signature of Insured: _____

Statement of Condition form is valid for 2 weeks. If received by agency after 2 weeks, a new form will be required.

Justification of value form

Insured Name: _____

Policy # _____

Name of horse: _____

SHOW AND TRAINING RECORDS

1. Cost of professional training per month (excluding board and maintenance) \$ _____
2. How many months in training with a professional? _____
3. Show Record (attach additional pages if more room is needed):

SHOW/CLASS	RATING	DATE	PLACING	# IN CLASS	MONEY WON

4. If Dressage Horse, indicate what Level competing at and average score: _____
5. If Hunter/Jumper, indicate what Level/Division competing: _____

BREEDING RECORDS

Mares Is this mare current in foal: Yes No
 If yes, name and covering stallion _____ and stud fee \$ _____
 Average price of foals \$ _____
 Provide any additional information to help justify this mare's value: _____

Stallions Number of mares bred last year _____ outside mares _____ owned mares
 Number of outside mares booked for upcoming year _____
 Stud fee charged \$ _____
 Sales average of foals \$ _____
 Has horse suffered any injury, illness or lameness that could affect usefulness _____

Signature of insured: _____ **Date:** _____



To pay your premium by
FAX 614-875-1549

EMAIL info@FrysEquineInsurance.com

complete and sign this form and return it via
or MAIL

Cardholder Name: _____ Policyholder (if different): _____

Billing address (include zip): _____

Card Number: _____ Security Code: _____ (found on back of card)

Expiration date: _____ Payment Amount: \$ _____ Invoice # _____ (found at top of invoice)

Signature: _____ Date: _____

FRY\$ EQUINE INSURANCE AGENCY INC., P.O. Box, 820, Grove City, OH 43123 * 800-842-9021

PLEASE NOTE: all payments will be processed by Great American Insurance

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

If you wish to pay from your checking account, you can attach your completed check here or complete the requested information:

Name of Account:

Bank Name:

Bank Routing Number:

Checking Account: Number:

Check/Reference #:

Amount: \$

I give Great American Insurance the authorization to electronically transfer funds from the above account. I am verifying by my signature below that there are funds available for this transfer.

Signature: _____ Date: _____