

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 to start coverage

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

2. Address \_\_\_\_\_  
 \_\_\_\_\_

3. Phone number \_\_\_\_\_ email: \_\_\_\_\_

4. Are any of animals listed financed? Yes  No  Is yes, give amount and to whom due (give 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		DOB	Date Purchased	

	Name of Animal	Sire	Specific Use	Sex*	Purchase Price	Amount Desired
2	Breed	Dam		DOB	Date Purchased	

	Name of Animal	Sire	Specific Use	Sex*	Purchase Price	Amount Desired
3	Breed	Dam		DOB	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? Yes  No  If so, explain use (for 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: \_\_\_\_\_

# FRYS EQUINE INSURANCE AGENCY INC.

P.O. BOX 820, GROVE CITY, OH 43123      phone 800-842-9021      fax 614-875-1549

## VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

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 is valid for 14 days from the examination date.

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:

Name: \_\_\_\_\_

Age                      Color                      Sex                      Breed

Name: \_\_\_\_\_

Age                      Color                      Sex                      Breed

Owned by \_\_\_\_\_

Name                      Address                      City, State                      Zip

	Y	N		Y	N
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 or 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 \_\_\_\_\_ For new foals: IGG LEVELS \_\_\_\_\_

If any surgery has been performed, describe type of surgery & date: \_\_\_\_\_

If surgery has been performed, has horse fully recovered? Yes  No  If no, please give details \_\_\_\_\_

Is there any likelihood of future danger to life or limb as a result of such surgery? Yes  No  If yes, please give details \_\_\_\_\_

Any lameness or faulty conformation or other abnormal conditions? Yes  No  If yes, please give details \_\_\_\_\_

Is the stabling adequate? Yes  No  If no, please give details \_\_\_\_\_

Is there evidence of vices or objectionable habits? Yes  No  If yes, please give details \_\_\_\_\_

In your opinion or to your knowledge are there any medical facts that should be disclosed to the company? Yes  No  If yes, please give details \_\_\_\_\_

Are you the regular veterinarian for this horse or client? Yes  No  If no, please give details \_\_\_\_\_

EXCEPT HAS 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: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



To pay your premium by  
FAX 614-875-1549

EMAIL [info@FrysEquineInsurance.com](mailto: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)

**\*\* By signing this form you understand that the Total Amount Due shown on the invoice is with a "cash discount" already applied.**

**To pay by credit card, this agency discount will be added back in the Total Amount Due.  
This 2.8% charge will be added to the above Payment Amount at the time the payment is processed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### CHECK AUTHORIZATION FORM

If you wish to pay by check, 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 Fry's Equine Insurance the authorization to generate a check to be drawn on the above account. I am verifying by my signature below that there are funds available for this withdrawal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_