

MORTALITY APPLICATION

Desired Effective Date** _____

**Coverage can be bound only when APP/SOC or VC (without payment) are received during business hours
 Endorsement options must be added when policy is started; they cannot be added during policy term

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

Coverage(s) to ADD to MORTALITY (check):

Maj Med 10K ☐ Maj med 15k ☐
 Med Assist 7.5k ☐
 ^Horse must be insured for \$20,000+ to get 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	
2	Breed	Dam		Year born	Date Purchased	
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).

- Is the horse currently sound and health for the use intended

Horse #1
Yes ☐ No ☐

Horse #2
Yes ☐ No ☐

Horse #3
Yes ☐ No ☐
- 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 ☐
- Has the horse had any colic or intestinal disorder? If so, please provide treatment, dates, details (including if a resectioning was performed)

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐
- Has the horse been nerved, undergone diagnostic ultrasound or X-rays, or received any surgical treatment for lameness?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐
- 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 ☐
- 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 ☐
- 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.