

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED

Name: _____ Effective Date: _____

Address: _____

Phone/email: _____

Please choose one: New Business Additional Business

1	Name:		Use:	Sex	Purchase Price:	Amount Desired	Premium
	Breed:			DOB	Purchase Date	Rate	Major Med
2	Name:		Use:	Sex	Purchase Price:	Amount Desired	Premium
	Breed:			DOB	Purchase Date	Rate	Major Med
3	Name:		Use:	Sex	Purchase Price:	Amount Desired	Premium
	Breed:			DOB	Purchase Date	Rate	Major Med

- | | Horse 1 | Horse 2 | Horse 3 |
|--|------------------------------|------------------------------|------------------------------|
| 1) Is the horse currently sound and healthy for use intended? | Yes() No () | Yes() No () | Yes() No () |
| 2) Does the horse have any 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 disease? | Yes() No () | Yes() No () | Yes() No () |
| 3) Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made was there a resection? | Yes() No () | Yes() No () | Yes() No () |
| 4) Has the horse been nerved 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 undergone diagnostic ultrasound or x-rays within the last 36 months? | Yes() No () | Yes() No () | Yes() No () |
| 7) Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months? | Yes() No () | Yes() No () | Yes() No () |
| 8) For All Quarter horses, Appaloosas or Paints. Does the horse have an ancestor known to carry HYPP?
If "YES" please indicate the HYPP Status. (Circle One) | Yes() No ()
N/N N/H H/H | Yes() No ()
N/N N/H H/H | Yes() No ()
N/N N/H H/H |
| 9) If "YES" was answered to any question 2 through 7, please provide details | | | |
| 10) Are any of the animals listed herein financed or leased? If so, please provide a copy of lease agreement or purchase agreement. | | | |
| 11) Is there any other insurance on any of the animals listed herein? | | | |
| 12) 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? | | | |
| 13) Has any company ever rejected an application for insurance or cancelled a policy on any of the herein described animals?
Explain: | | | |

STATEMENT OF CONDITION

I declare to the best of my knowledge and belief that the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any **ILLNESS, INJURY, DISEASE OR ACCIDENT**. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

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 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 _____