THIS
TAYLOR HARRIS INSURANCE SERVICES, LTD
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PO Box 449, Middleburg, VA 20118 | info@thishorseinsurance.com

Great American Application

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

Effective Date:

Name:

Address:

City: **State:** **Zip:**

Email: **Phone:**

Is this: ☐ **New Business** ☐ **Additional Coverage** (current policy # _____)

Coverage Desired (Please check):

☑ **Full Mortality**

Medical Coverage Options:

Add to Full Mortality: ☐ **$10,000 Major Medical** (+$575) ☐ **$15,000 Major Medical** (+$775)

OR, Add to Full Mortality: ☐ **$10,000 Colic Coverage** (+$150) ☐ **$10,000 Surgical Coverage** (+$150)

OR, Add to Full Mortality, Other Coverage: ☐ **Territorial Limits/International Transit Coverage** ☐ **Loss of Use**

Equine Information:

Horse #1							
Registered Name:				**USEF #:**		**DoB:**	
Breed:		**Sex:**		**Use:**		**Purchase Date:**	
Purchase Price:				**Desired Insured Value:**		**Rate:**	
Mortality Premium:		**Transit Premium:**		**Medical Premium:**		**Total Annual Premium:**	

Horse #2							
Registered Name:				**USEF #:**		**DoB:**	
Breed:		**Sex:**		**Use:**		**Purchase Date:**	
Purchase Price:				**Desired Insured Value:**		**Rate:**	
Mortality Premium:		**Transit Premium:**		**Medical Premium:**		**Total Annual Premium:**	

Horse #3							
Registered Name:				**USEF #:**		**DoB:**	
Breed:		**Sex:**		**Use:**		**Purchase Date:**	
Purchase Price:				**Desired Insured Value:**		**Rate:**	
Mortality Premium:		**Transit Premium:**		**Medical Premium:**		**Total Annual Premium:**	

State mandated surcharge may apply in Florida, Kentucky, New Jersey, and Washington

Please Answer Questions on page 2 about horse's current condition

		Horse 1		Horse 2		Horse 3	
1)	Is the horse currently sound and healthy for intended use?	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? **If "YES" provide number of incidents and dates.**	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)	Has the horse ever had sarcoids or melanomas?	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐

IF "YES" WAS ANSWERED TO ANY QUESTION 2 THROUGH 8, PLEASE PROVIDE DETAILS

9)	For All Quarter horses, Appaloosas or Paints. Does the horse have an ancestor known to carry HYYP? If "YES" please indicate the HYPP Status	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐
10)	Are any of the animals listed herein financed or leased? If so, please provide a copy of lease agreement or purchase agreement.	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐
11)	Is there any other insurance on any of the animals listed herein?	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐
12)	Do you understand that it is required under the policy to give **OR IMMEDIATE** notice by telephone of any **ILLNESS, INJURY, DISEASE, DEATH** or your claim may be denied, and do you agree to do so?	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐
13)	Has any company ever rejected an application for insurance or cancelled a policy on any of the herein described animals? If "YES" Explain:	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐
14)	Was the purchase price cash, trade, or both? If any part was trade, indicate value of trade.	Cash ☐	Trade ☐	Cash ☐	Trade ☐	Cash ☐	Trade ☐

15) How many horses did you lose by death in the past 3 years? ☐ Date of death: ☐

Cause of death: ☐ Insurance amount paid: ☐

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: _____ Applicant Name (print): _____

Applicant Signature: _____