

Horse Insurance Application



400 Rosedale Court
Warrenton, VA 20186
Phone: 800-347-3552
Fax: 540-347-5906

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED.

Name: _____	Desired Effective Date: _____
Address: _____	<input type="checkbox"/> Mortality
City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> \$7.5K Major Medical
Home Phone: _____ Office Phone: _____	<input type="checkbox"/> \$10K Major Medical
Cell Phone: _____ Fax: _____	<input type="checkbox"/> \$12.5K Major Medical
Email Address: _____	<input type="checkbox"/> \$15K Major Medical
Are you currently working with an EMO agent? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, with whom? _____	<input type="checkbox"/> Surgical only
<input type="checkbox"/> _____	

Horse's Name: _____	Use: _____	Year Foaled: _____
Breed: _____	<input type="checkbox"/> Mare	<input type="checkbox"/> Gelding
	<input type="checkbox"/> Stallion	<input type="checkbox"/> Colt
		<input type="checkbox"/> Filly
Purchase Price: _____	Date Purchased: _____	Amount Insured: _____

- Are you a new client? ☐ Yes ☐ No
- Name / Address / Phone of Trainer: _____
- Name / Address / Phone of Regular Veterinarian: _____
- Is the horse: ☐ Financed ☐ On Trial ☐ Leased (Lease Agreement Required) ☐ Not Applicable
Name / Address: ☐ Additional Insured ☐ Lessee/Lessor: _____
- Is the horse owned 100%? ☐ Yes ☐ No Was Purchase price: ☐ Cash ☐ Trade, Explain: _____
- Has the horse named above been afflicted with any disease, sickness or injury in the past 12 months?
☐ Not to my knowledge ☐ Yes, Description: _____
- Are eyes, legs, and feet of the horse named above in normal condition?
☐ Yes, to my knowledge ☐ No, Description: _____
- Has the horse listed above had colic or indigestion? ☐ Not to my knowledge ☐ Yes, Explain: _____
- Does the horse receive deworming and/or vaccinations as recommended by your vet?
☐ Yes ☐ No, Description: _____
- Has any horse owned by you died in the last three (3) years? ☐ No ☐ Yes, Description: _____
- Has any company ever rejected your application for Insurance, or cancelled a policy on the horse named above? ☐ No ☐ Yes
- Will the horse be traveling internationally? ☐ Yes ☐ No

STATEMENT OF CONDITION

declare to the best of my knowledge and belief that the animal listed on the above schedule to be in normal healthy sound condition. I further declare that during the past 12 months the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this application 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 animal owned by me, subject to the terms and conditions of the policy to be issued, including, but not limited to, **the requirement under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY OR DISEASE or a claim may be denied.** 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 Owner/Lessee:** _____
(Must be 18 years of age.)

Thank You For Your Business!