



For Office Use Only

APPLICATION FOR EQUINE INSURANCE

Tgs wgungf Coverage Date:

Name of Applicant: _____

Address: _____ City/State/Zip _____

Telephone: Hm _____ Wk _____ Cell _____

Email: _____ Fax _____

Check here to receive your policy by email

Please select payment option: Check for Total Premium in full

2-Pay Installment Plan (for premium over \$1,000) 50% down payment. Remaining installment of 50% will billed in 60 days

4-Pay Installment Plan (for premium over \$2,000) 25% down payment. Remaining 3 installments will be billed in 60 day intervals

Coverages Tgs wgungf (Please check):

Full Mortality Restricted/Named Perils Barrenness/Prospective Foal

Additional \$5,000 Emergency Colic Surgery Included for all horses that qualify within the value and age limits.

Major Medical Coverage \$7,500 @ \$400 \$10,000 @ \$450 \$15,000 @ \$650 Major Medical: Excludes Racing and Breeding/Rearing associated with Racing

**** (Sex: G-Gelding, M-Mare, F-Filly, C-Colt, S-Stallion) ****

Name & Registration # Breeding (Sire/Dam)	Age	Sex	Breed	Use	Purchase Price & Date	Requested Amount **	Rate <small>Office Use Only</small>
A.							
B.							
C.							
D.							
E.							

****Values other than recent purchase price are subject to Company acceptance. Details of prize winnings, performance, value of progeny sold, stud fee & number of mares booked last year and other pertinent information must be submitted on reverse side for consideration of stated values.**

THERE IS NO GRACE PERIOD FOR RENEWAL OF COVERAGE AFTER THE EXPIRATION DATE! THIS CERTIFICATE MUST BE RETURNED BEFORE THE EXPIRATION DATE OF POLICY OR A NEW VETERINARY CERTIFICATE WILL BE REQUIRED.

1. Is the applicant the sole owner of horse(s) _____ If horse(s) being leased, indicate terms and/or amount of annual lease by attaching copy of lease agreement. _____ If horse(s) financed, give details _____

2. Was purchase private or by auction and was price paid by cash, trade or both. Give details: _____

3. Where are horses usually stabled? Name, address and telephone number of usual trainer or farm manager: _____

4. Name, address and telephone number of regular veterinarian _____

5.(a) To your knowledge, has horse(s) suffered an accident, sickness or disease in the last 2 year? If yes, give details _____

(b) Has horse(s) ever had colic? _____ If so, how often _____ Give cause & date of last attack _____

(c) Has horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative inoculations) or are they unsound in any way? _____

(d) Has horse(s) been wormed and vaccinated regularly? _____ Frequency _____

(e) Has horse been vaccinated against West Nile Virus? Yes ___ No ___ *Must be vaccinated for claims directly or indirectly related to West Nile Virus

(f) Has there been any evidence of contagious or infections disease during the past twelve months in the location where the horse(s) are kept? Yes ___ No ___ If yes, give details _____

(g) Has above horse(s) suffered from melanomas, sarcoids, warts or other type of growth? Yes ___ No ___ If yes, give details _____

(h) Has any surgery been performed on any above horse(s)? Yes ___ No ___ If yes, give details & dates: _____

6. Are horse(s) now insured? Yes ___ No ___ Previously insured? Yes ___ No ___ If "yes" to either question, give Company, date and amount: _____

Has any Company cancelled or refused to renew your coverage? Yes ___ No ___ If yes, give Company date and reason given for company action: _____

HEALTH STATEMENT AND DECLARATION:

Is acceptable for "non-racing" horses valued at \$100,000 or less, age 61 days through 16 years of age and horses that have not had any illness, injury, lameness or disease. A satisfactory veterinary certificate will be required for all others unless purchased at public auction within 30 days. I/We certify to the best of my knowledge that the above named horse(s) have not had any illness, injury, lameness or disease, including, but not limited to, colic, colic surgery, nerving, degenerative joint disease, laminitis or founder (except as noted above) within the past twelve (12) months. I understand that coverage is void if any material fact has been omitted, concealed or misrepresented on this form.

I/We understand and agree this is not a binder, but merely an application for Insurance. Signing this form is acknowledgement by the applicant that this Form shall be the basis of the Contract should a Policy be issued. I/We declare that to the best of my knowledge and belief, the above statements are true and complete and that I/We have not withheld any material information. Should a policy be issued, if anything be falsely stated or information withheld to influence the Company decision, the insurance contract shall be null and void. ***I/We also understand that it is required under the issued policy to give immediate notice and full details of any lameness, illness, injury or death of the horse(s) by telephone to the Company.***

Signature of Applicant(s) _____ Date: _____

Arthur Maberry
amaberry@andreini.com
325-338-7007

Kirk Maberry
kmaberry@andreini.com
432-202-1537

Jonathan Jones
jjones@andreini.com
325-864-7992