

# APPLICATION FOR HORSE MORTALITY INSURANCE

**All American Horse Insurance**  
**PO Box 300384 Glenwood, UT 84730**  
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**-SIDE A-**

**THIS SIDE TO BE COMPLETED BY THE INSURED!  
 NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED & SIGNED BY THE INSURED AND VETERINARIAN!**

NAME OF OWNER(S) \_\_\_\_\_ HOME PHONE # \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FAX # \_\_\_\_\_  
 REQUESTED EFFECTIVE DATE \_\_\_\_\_ EMAIL ADDRESS (optional) \_\_\_\_\_

<b>Subject of Insurance</b>	Reg. #	Breed	Sex*	Date of Birth	Exact Use	Level	Sire	Dam	Purchase Date	Purchase Price	Insured Amount ♦
<b>A.</b>											
<b>B.</b>											

\* G-Gelding, M-Mare, S-Stallion, F-Filly, C-Colt      ♦ If requested value exceeds purchase price, please complete the Justification of Value Record.

**Answer all questions, declarations, and disclosures that follow.  
 These inquiries relate to the horses stated as A & B above, and to your equine husbandry practices and history.**

1. Are you the sole owner of the horse(s)?  YES  NO If "NO", explain \_\_\_\_\_  
 ★ If any horse listed above is being leased, please provide a copy of the lease agreement to attach to this form.
2. List name and address of other partial owner, partner, bank, lienholder, shareholder or mortgagee to be named in the policy. \_\_\_\_\_
3. Address where horse(s) will be stabled? \_\_\_\_\_
4. Is the horse(s) healthy and sound? **HORSE A:**  YES  NO      **HORSE B:**  YES  NO
5. For all Quarter Horses, Appaloosas, or Paint horses. Does the horse(s) have an ancestor known to carry HYPP? Indicate "Yes" or "No" for each horse.  
**HORSE A:**  YES  NO      **HORSE B:**  YES  NO  
 If "Yes," please indicate the HYPP status (N/N, N/H, H/H) for each horse. (Note: Coverage will not be considered without disclosure of HYPP status).
6. Has the horse(s) ever had surgery?  YES  NO If "yes," give details \_\_\_\_\_
7. Has the horse(s) ever suffered any accident, disease or sickness?  YES  NO If "yes," explain \_\_\_\_\_
8. Has the horse(s) shown past or present conformation problems, defects or ailment, illness or disease, lameness, injury or physical disability including but not limited to: OCD, neurological disorders, navicular disease, and / or degenerative joint disease?  YES  NO If "yes," explain \_\_\_\_\_
9. Has the horse(s) been nerved or received any surgical treatment for lameness?  YES  NO If "yes," explain \_\_\_\_\_
10. Has the horse(s) experienced or been treated for past or present colic or intestinal disorder?  YES  NO If "yes," explain \_\_\_\_\_
11. Has the horse(s) been examined or treated by a veterinarian for other than routine care?  YES  NO If "yes," explain \_\_\_\_\_
12. Has the horse(s) undergone diagnostic ultrasounds, X-rays, or bone scans?  YES  NO If "yes," explain \_\_\_\_\_
13. In the last 12 months, has the horse(s) received joint injections, any type of medication long or short term, or any preventative treatments?  YES  NO  
 If yes, explain \_\_\_\_\_
14. Has the horse(s) been treated for hoof problems, founder / laminitis, or rotation of the coffin bone?  YES  NO If "yes," explain \_\_\_\_\_
15. In last 12 months, has there been any contagious or infectious disease on the premises where horse(s) reside?  YES  NO If "yes," explain \_\_\_\_\_
16. Is the horse(s) presently insured by you or any of its owners?  YES  NO If "yes," state inception / expiration dates, value, and Insurer's name(s). \_\_\_\_\_
17. In last three years, has an Insurer cancelled, declined, or refused to insure or renew insurance on any horse you owned or leased?  YES  NO If "yes," give details \_\_\_\_\_ (Missouri residents are not required to answer this question).
18. In the last three years, have you filed insurance claims on any horses you owned?  YES  NO If "yes," please state name of company, name of horse, and amount paid \_\_\_\_\_
19. Are the horse(s) needs of shelter, exercise, feed and water attended to daily?  YES  NO
20. Is horse (s) on strict regular worming program? YES NO
21. Do you have knowledge of any other facts not already disclosed that could potentially affect the Insurer's acceptance to insure the horse(s)? \_\_\_\_\_
22. Give name, address, and phone number of the usual attending veterinarian for the horse(s) \_\_\_\_\_
23. Give name and address of your usual equine hospital or referral center. \_\_\_\_\_
24. **I understand and agree that if insurance is put in force on the horse(s), that: (Write your initials on lines to left side of each statement.)**  
 \_\_\_\_\_ I am responsible to provide immediate notice to the Insurer should the horse(s) become injured, sick, diseased or die during the policy period.  
 \_\_\_\_\_ No surgical procedure may be performed on insured horse(s) without the express consent of the Insurer, unless emergency surgery is required to preserve the life and usefulness of the horse(s).  
 \_\_\_\_\_ The Insurer shall not be liable for any loss caused by an insured horse becoming unfit or incapable of fulfilling the functions, use or duties for which it is kept, used or intended.

**Please check option of coverage desired:**     Full Mortality only     To include Surgical coverage     To include Surgical & Major Medical coverage.

**I / We acknowledge and agree that:** This application shall be the basis for the contract that insures the horse(s) scheduled herein, and if anything is falsely stated or information is withheld with intent to influence the Insurer's decision to insure the horse(s), the insurance contract will be null and void. Your signing of this form does not bind the Insurer and no insurance shall be deemed effective unless and until this application is accepted by the Insurer and consideration (premium payment) is paid to the Insurer's agent by the Insured.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_