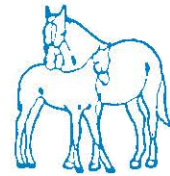


**Equine Insurance Center**  
 PO Box 129  
 Liberty, NC 27298  
 Direct: 336-252-3950 or Toll Free: 888-335-3338  
 Fax: 336-622-7783



**NO MORTALITY APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED**  
 (Completion of Application does not bind Company to risk)

New Policy     Add to Existing Policy # \_\_\_\_\_ Proposed Effective date: \_\_\_\_\_

1. Named Insured – Full Name(s)/DBA: \_\_\_\_\_

Individual     Joint Venture     Organization     Corporation     Partnership     Syndication

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home #: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Company/Agent use for Claims/Policy Info Distribution)

**4. ANIMAL(S) TO BE COVERED:** (Copy for additional horses)

#	Name/Registration No.*	Breed	Date of Birth	Sex	Exact Use	Purchase Date	Purchase Price	Mortality Amount	Rate
1									
Stud Fee (Homebred Foals): \$		Sire's Name:				Dam's Name:			
Color & Markings Description:									
Optional Coverage: <input type="checkbox"/> MAJOR MEDICAL (Includes Surgical) ** <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000									
<input type="checkbox"/> SURGICAL ONLY ** <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000									
<input type="checkbox"/> 60% FULL LOSS OF USE <input type="checkbox"/> 60% ACCIDENT LOSS OF USE									
<input type="checkbox"/> INFERTILITY <input type="checkbox"/> INTERNATIONAL TRANSIT <input type="checkbox"/> WORLDWIDE EXTENSION									
2									
Stud Fee (Homebred Foals): \$		Sire's Name:				Dam's Name:			
Color & Markings Description:									
Optional Coverage: <input type="checkbox"/> MAJOR MEDICAL (Includes Surgical)** <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000									
<input type="checkbox"/> SURGICAL ONLY ** <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000									
<input type="checkbox"/> 60% FULL LOSS OF USE <input type="checkbox"/> 60% ACCIDENT LOSS OF USE									
<input type="checkbox"/> INFERTILITY <input type="checkbox"/> INTERNATIONAL TRANSIT <input type="checkbox"/> WORLDWIDE EXTENSION									

*Name of sire and dam for unnamed foals. Un-registered horses require current photographs and/or Brand Inspection or Coggins Certificate \*\*\*For multiple horses, please provide horse # for details to any questions answered Yes on the application\*\*\**

5. a.) Are you the sole owner of the horse(s) listed?  Yes  No    b.) Any Lease Agreements?  Yes  No (provide copy)  
 c.) Name & address of additional insured/loss payee/lienholder on listed horse? \_\_\_\_\_

6. a.) Price paid: cash    trade or    both    Details: \_\_\_\_\_ (JOV required if Insd Amt exceeds Price Paid)  
 b.) Acquired from: \_\_\_\_\_

7. Do you own other horses not listed above?    Yes    No    If yes, how many? \_\_\_\_\_

8. Has the listed horse(s) been previously insured?  Yes  No    If yes, provide policy expiration date, insured amount, and company's name: \_\_\_\_\_

9. Any losses or insurance claims filed for any above listed animal(s) in the last 3 years?  Yes  No    If yes, give date, cause of loss, health condition, value of animal or amount of paid claim as explanation: \_\_\_\_\_

10. Has horse(s) had any previous colic, colic surgery, impaction, gastro-intestinal disorders or ulcers? Yes No  
If yes please provide dates/history: \_\_\_\_\_
11. To your knowledge, has any horse(s) listed suffered any accident, illness, injury, disease or lameness and had any veterinary treatment? Yes No If Yes, details: \_\_\_\_\_
12. Any horse(s) listed received any medication(s), other than preventative annual vaccines, for any accident, illness, injury, disease or lameness condition?  Yes  No Reasons:  Preventative  Maintenance  Treatment If yes, provide specifics: 1) horse 2) condition 3) applicable limb & joint 4) medication 5) frequency 6) duration
13. Does the horse have any pre-existing conditions or history of lameness due to conformational problems or birth defects, injury, illness or disease, or physical disability including but not limited to: Laminitis/Founder, Nerving, Osteochondrosis, neurological disorders i.e. HYPP, EPM, Navicular Disease and/or Degenerative Joint Disease? Yes No If Yes, explain and provide history: \_\_\_\_\_
14. Has the horse(s) required any diagnostics, medical or surgical treatment for lameness within the last 24 months? Yes No If Yes, explain and provide history: \_\_\_\_\_
15. Any congenital or hereditary birth defects known to exist in horse(s) listed (neurologic, skeletal, spinal, conformational problems)? Yes No. If yes, Condition: \_\_\_\_\_

**USE & MANAGEMENT:**

16. a.) Person(s) having the care, custody or control of listed horse(s)? \_\_\_\_\_  
b.) Location where listed horse(s) will be boarded? \_\_\_\_\_  
c.) Years experience of caretaker? \_\_\_\_\_ Are premises suitable and safe-guarded for horses? Yes No
17. Name and contact information of regular Veterinarian: \_\_\_\_\_
18. How far to the closest surgical facility? \_\_\_\_\_ Is your regular Vet on staff there? Yes No  
Is emergency transportation readily available for transport to Veterinarian care?  Yes  No
19. Is/Are horse(s) currently, and will remain, on a Vaccine and Deworming program recommended by your regular Vet?  Yes  No. If No, explain: \_\_\_\_\_
20. Is the horse due to foal any time during the proposed policy period? Yes No If yes, foaling date: \_\_\_\_\_ Any history of unsatisfactory foaling? \_\_\_\_\_
21. Was a pre-purchase exam done? Yes No (If yes, please attach a copy)

**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.**

I understand, and agree to, **IMMEDIATELY NOTIFY** the Company upon any injury, illness, surgery, disease or death of an animal, **and further that other reporting time conditions apply in the event of a claim hereunder.** I also understand that in the event of the death of an insured horse, a postmortem exam by a qualified veterinarian must be provided at my expense.

I/we declare that I/we have read the above Fraud Warning and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer/Company and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute and Company be released from any liability in connection with the claim.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VETERINARY CERTIFICATE OF EXAMINATION**

The horse being examined for insurance should be moved about outside of the stall and viewed from front and back to demonstrate conformational issues, soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and possible presence of contagious disease. **If Loss of Use coverage is desired by the horse owner please secure LOU Supplemental App. from Agent.**

**TO THE VETERINARIAN:** Horses with a history of colic, disease, founder, nerving, or lameness may not be insurable. If there is evidence or knowledge of these problems, please provide all details or Medical History. I, \_\_\_\_\_ **do certify that I am a graduate Veterinarian holding a current license to practice in the state of \_\_\_\_\_ with current license # \_\_\_\_\_ and that I have this date examined.**

**\*\*One horse per Veterinary Certificate. Please make additional copies as needed for additional horses.\*\***

Name & Reg. #/Tattoo	Breed	Age	Color	Sex	Sire/Dam

Owned By: \_\_\_\_\_ Location of animal(s): \_\_\_\_\_

- |   | Yes   | No    |
|---|-------|-------|
| 1. Pulse & Respiratory normal?  | _____ | _____ |
| 2. Temperature normal?  | _____ | _____ |
| 3. Eyes clinically normal?  | _____ | _____ |
| 4. Heart auscultated & found normal?  | _____ | _____ |
| 5. History or evidence of bleeder?  | _____ | _____ |
| 6. History or evidence of nerving?  | _____ | _____ |
| 7. Ever been treated for navicular disease, arthritis laminitis/founder?              | _____ | _____ |
| 8. Any indication or history of lameness and/or faulty conformation?                  | _____ | _____ |
| 9. Any maintenance, therapeutic or treatment medications? Yes, explain below          | _____ | _____ |
| 10. Evidence of firing or blistering?   | _____ | _____ |
| 11. Subject to or any history of gastrointestinal/digestive/colic disorders?          | _____ | _____ |
| 12. Has any surgery been performed? If yes, attach details on separate page.          | _____ | _____ |
| 13. If any surgery performed, has horse fully recovered?                              | _____ | _____ |
| 14. Is there likelihood of future danger to life or limb as a result of such surgery? | _____ | _____ |
| 15. If male, are both testicles evident? Date castrated? _____                        | _____ | _____ |
| 16. If female, is she reported in foal? If in foal, give due date: _____              | _____ | _____ |
| 17. Any conditions detrimental to satisfactory breeding?                              | _____ | _____ |
| 18. History/evidence of neurologic? If yes, Disease _____ Date: _____ Results: _____  | _____ | _____ |
| 19. Any Congenital Disease?   | _____ | _____ |
| 20. Date of last coggins? _____ Results: _____  | _____ | _____ |

- |  | Yes   | No    |
|--|-------|-------|
| 21. Has above horse remained on a consistent, effective de-worming program at least every 90 days?               | _____ | _____ |
| 22. Are semi-annual influenza, rhino pneumonitis and WNV and annual tetanus, EEE & WEE up to date?               | _____ | _____ |
| 23. Any indication of infectious disease?  | _____ | _____ |
| 24. Contagious disease on premises or in area?   | _____ | _____ |
| 25. Any clinical evidence of objectionable vices or habits?  | _____ | _____ |
| 26. Is stabling and/or fencing adequate?   | _____ | _____ |
| 27. Are you the usual Veterinarian? How long – mos/yrs? _____  | _____ | _____ |
| 28. Have you discussed the horse's health history with the owner or caretaker?                                   | _____ | _____ |
| 29. Has a complete pre-purchase or soundness exam been performed within the past 90 days? (If yes, provide copy) | _____ | _____ |

**For foals 24 hours to 90 days of age, you must also complete the following questions:**

- |   |       |       |
|---|-------|-------|
| 30. Birth normal with no complications? If no, please attach details on separate page.                | _____ | _____ |
| 31. Pulse strong and normal?  | _____ | _____ |
| 32. Respiratory regular & completely clear?   | _____ | _____ |
| 33. Normal urination & bowel movement?  | _____ | _____ |
| 34. Has foal received any medications?  | _____ | _____ |
| 35. Is IgG normal on this date? (adequate = 800 mg/dl; partial = 400-800 mg/dl; failure = <400 mg/dl) | _____ | _____ |

Comments on any above negative responses: \_\_\_\_\_

Comment on work/use of the horse during the last six (6) months. If at rest or turned out please explain why? \_\_\_\_\_

Comment on animal husbandry or feed management concerns, propensities, conformational problems, abnormal history, evidence or any other condition that may affect the welfare, health or use of the animal: \_\_\_\_\_

**Except as noted, I certify that to the best of my knowledge the above information is correct and I believe this horse is healthy and free of any prior health conditions and lameness conditions.**

**Vet Signature:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, St, Zip:** \_\_\_\_\_  
**Contact Info:** \_\_\_\_\_

**Exam Date:** \_\_\_\_\_  
 (Application & VC must not be older than 30 days of date and time completed)