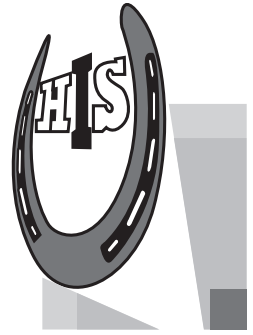


**INDICATE COVERAGE
DESIRED**

- Full Mortality/Theft
- Major Medical/Surgical
- Colic Medical/Surgical
- Surgical Only
- Loss of Use (X-Rays Required)
- Stallion Infertility
(Fertility Exam Required)
- Limited Mortality
- Third Party Liability

HORSE INSURANCE SPECIALISTS, INC.

APPLICATION FOR HORSE MORTALITY



1013 S. Hwy. 377 • Pilot Point, Texas 76258
 800-346-3271 TOLL FREE
 940-686-2228 LOCAL • 940-686-5375 FAX
 www.horse-insurance.com

Name of Applicant _____

Address _____ City _____ State _____ Zip _____

Are you a current customer? Yes No

Do you want this insurance added to your existing policy Yes No If so, give the Policy No. _____

Business Phone No. _____ Home Phone No. _____ Fax No. _____

E-mail address _____ May we contact you by e-mail? Yes No

*Use the following codes to indicate sex of animal - M - Mare; S - Stallion; G - Gelding

Horse's Name	Sex	Sire	Dam	Breed	Date of Birth
A.					
B.					

Purchase Date	Color & Marking	How Acquired Auction/Private/Homebred	Purchase Price	Exact Use & Function	Amount of Insurance
A.					
B.					

1. Are you the animal(s) sole owner(s)? Yes No
 Is there any indebtedness due because of change of ownership of this animal(s)? Yes No
 Name of Loss Payee & address _____
2. Is animal being leased? Yes No
 Name and address of Lessee _____
3. Has there been any illness, injury or death to horses owned by you in the past 36 months? Yes No If "Yes", give details: _____
4. Has any insurance company ever cancelled or refused to insure any animal(s) in which you have or had an insurable interest? Yes No
 If "Yes", give particulars: _____
5. Is this animal currently insured? Yes No Was the animal previously insured? Yes No If "Yes", expiration date, insured amount, and company. _____
6. Method of worming used? _____ How often? _____
7. Is the horse(s) observed and cared for daily? Yes No Name of person having care, custody and control of the horse other than named insured _____ Address and phone # _____
8. Is any animal used for steeple chasing , hunting , or jumping ? If "Yes", maximum height _____
 Is any animal used for track racing? Yes No
9. If you are insuring your horse for more than the purchase price, the amount of insurance must be justified by performance record, training expenses incurred since the purchase of the animal, race winnings, stud fee paid if mare is in foal, etc. Please give complete information to justify value. _____
10. Do you understand that it is necessary to give immediate notice of any illness, surgery, disease or death or your claim may be denied, and do you agree to do so? Yes No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement or claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I-We certify that the information shown on this application is true and correct. Any misstatement or misrepresentation can cause coverage to be cancelled or claim denied.

APPLICANT SIGNATURE _____ **Date** _____

DECLARATION OF HEALTH

(To be completed by applicant not veterinarian)
Applies to horses valued through \$50,000 in lieu of vet exam

At inception of the policy, all animals must be sound, healthy and have no known injury, illness, lameness, or disease. Any pre-existing conditions are not covered, unless otherwise noted and agreed to by the company.

Applicant's Name (Please Print): _____

Horse A: _____ **Horse B:** _____
Name / Registration # Name / Registration #

* If purchased within the last 30 days, how long have you known the horse?

A _____ B _____

- | | Horse A | | Horse B | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| 1. Is the horse currently sound and healthy for the use intended? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. For all Quarter Horses, Appaloosas, or Paint horses.
Does the horse have an ancestor known to carry HYPP?
If "Yes" is answered, please indicate the HYPP status. (Circle one)
(Note: Coverage will not be considered without the disclosure of HYPP status.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | N/N | N/H | H/H | N/N |
| 3. Is the horse(s) currently, previously or in the future going to be shown in Halter classes?
If "Yes", please provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the horse have any past or present conformation problems, defect or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative joint disease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the horse had any colic or intestinal disorder within the last 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the horse been nerved or received any surgical treatment for lameness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the horse been examined or treated by a veterinarian for other than routine care within the last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the horse receive any other medications/supplements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are there any other current or prior health conditions to which the horse has been exposed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has the West Nile vaccination been given and is it current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Will the horse be outside the continental United States or Canada during the coverage period? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. If the horse is a mare, is she due to foal anytime during the policy period? If yes, give the estimated foaling date, along with the number of previous foals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" to questions 3-14, please indicate question number, horse's name, and complete details.

Coverage shall not be issued until the Company approves the applicant's completed application and premium payment is received. Receipt of premium does not bind coverage until the completed application is also received. In the event the Company does not approve your application, your premium may be adjusted or will be refunded.

I hereby certify that to the best of my knowledge and belief, the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

APPLICANT SIGNATURE _____ **Date** _____

<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> Premium Enclosed	<input type="checkbox"/> Two Monthly Payments	
<input type="checkbox"/> Four Payment Plan (if eligible)	<input type="checkbox"/> Monthly Finance Plan (\$400 Premium Required)		
Credit Card No.: _____		Expiration Date: _____	
By providing credit card information, you authorize your credit card to be charged for the premium amount due plus a \$7.50 processing fee per payment.			
Name as shown on card: _____			

- Check below if you would like to receive information on any of the following coverages we offer:
- | | | |
|-------------------------------------|--|------------------------------|
| _____ Major Medical | _____ Farm/Ranch owners | _____ Workers' Compensation |
| _____ Colic Medical/Surgical | _____ Stable/Commercial Equine Liability | _____ Auto |
| _____ Surgical Only | _____ Care, Custody & Control Liability | _____ Homeowners |
| _____ Stallion Infertility Coverage | _____ Personal Horse Owners Liability | _____ Flood |
| _____ Loss of Use Coverage | _____ Horse Club Liability | _____ Horse Hauler Liability |
| _____ Limited Mortality | _____ Single Day Event Liability | |