

MORTALITY RENEWAL APPLICATION

Name: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

* For sex please use: **G** = Gelding **M** = Mare **S** = Stallion May we correspond with you via email? _____

Email Address: _____

Name of Horse	Breed	Sex*	Exact Use	Date of Birth	Purchase Date	Purchase Price	Insured Value
A.							
B.							

Loss Payee or Additional Insured Name & Address: _____

(Please indicate on which horse(s) Loss Payee or Additional Insured applies.)

HORSE A and B

1. Is the horse(s) currently sound and healthy for the use intended? Yes No
2. Does the horse(s) have any past or present conformation problems, defects 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? Yes No
3. Has the horse(s) had any colic or intestinal disorder within the last 36 months? Yes No
4. Has the horse(s) been nerved or received any surgical treatment for lameness? Yes No
5. Has the horse(s) been examined or treated by a veterinarian for other than routine care within the last year? Yes No
6. Has the horse(s) undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No
7. Has the horse(s) received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No
8. Are there any other current or prior health conditions to which the horse(s) has been exposed? Yes No
9. For all Quarter Horses, Appaloosas or Paints:
 Does horse have an ancestor know to carry HYPP? Yes No

 If "Yes" is answered, please indicate the HYPP status (Circle one) N/N N/H H/H
 (Note: Coverage will not be considered without the disclosure of HYPP status.)
10. Is the horse(s) currently, previously or in the future going to be shown in Halter classes? Yes No
 If "Yes", please provide details:

11. Is the horse(s) used for hunting or jumping? Yes No
 If "Yes", please describe the type of class and maximum height of jumps:

12. Has the West Nile Vaccination been given? Yes No
If "Yes", when? _____

13. MARES ONLY – Is the animal due to foal any time during the proposed policy period? Yes No
If "Yes", please indicate the stallion, stud fee, estimated foaling date and number of previous foals. _____

14. Will the horse be outside the continental United States or Canada during the coverage period? Yes No
If "Yes", please provide details. _____

If you answered "No" to question 1 or "Yes" to any questions 2 through 8 for any horse, please indicate the horse and provide details below:

****REQUIRED FOR ALL ANIMALS**** Update on Show or Competition Records, Training Fees or Breeding Records. If the animal is used for Pleasure only or has not been shown, competed or been in training in the past 12 months, please indicate below. For Breeding Stallions, please indicate the stud fee and number of mares bred in the last season.

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature

Date

PLEASE INDICATE COVERAGE DESIRED.

Horse A:

Full Mortality/Theft Major Medical – Please refer to your schedule and coverage summary for current limit of coverage. If a change is necessary, please note: _____

Colic/Medical/Surgical Surgical Only Loss Of Use (X-rays required) Stallion Infertility

Third Party Liability Limited Mortality

Horse B:

Full Mortality/Theft Major Medical – Please refer to your schedule and coverage summary for current limit of coverage. If a change is necessary, please note: _____

Colic Medical/Surgical Surgical Only Loss Of Use (X-rays required) Stallion Infertility

Third Party Liability Limited Mortality

Payment: Full Payment enclosed 2-monthly payments Visa/MasterCard

****Note:** Please contact our office for additional premium payment options.

If you'd like to pay by credit card, please contact our office. A \$7.50 card processing fee will apply.

Notes: