

Since 1983



PO Box 999 • Pilot Point, Texas 76258
800-346-3271 TOLL FREE • 940-686-5375 FAX
www.horse-insurance.com
hisinc@horse-insurance.com

INDICATE COVERAGE DESIRED

- ☐ Full Mortality/Theft
☐ Major Medical/Surgical

Limit Desired _____

- ☐ Loss of Use (X-Rays Required)
☐ Stallion Infertility (Fertility Exam Required)
☐ Limited Mortality

Horse Mortality Insurance Application

Name of Applicant _____

Address _____ City _____ State _____ Zip _____

Phone No.: _____ Alternate No.: _____ Fax No.: _____

E-mail address _____ Are you a current customer? ☐ Yes ☐ No

Do you want this insurance added to your existing policy? ☐ Yes ☐ No Policy No.: _____

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

Purchase Date	Color	How Acquired (Auction/Private/Homebred)	Purchase Price	Exact Use	Insurance Value
A.					
B.					

- 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, if any/address _____
- Is animal being leased? ☐ Yes ☐ No
Name of Owner: _____ Name of Lessee: _____
- Has there been any illness, injury or death to horses owned by you in the past 36 months? ☐ Yes ☐ No If "Yes", give details: _____
- 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: _____
- Is this animal currently insured? ☐ Yes ☐ No Was the animal previously insured? ☐ Yes ☐ No
If "Yes", expiration date, insured amount, and company. _____
- Name of person having care, custody and control of the horse other than named insured _____
Address and phone # _____
- Is any animal used for jumping? ☐ Yes ☐ No If "Yes", describe: _____
Is any animal used for track racing? ☐ Yes ☐ No
- If you are insuring your horse for more than the purchase price, the amount of insurance value must be justified by performance record, training expenses incurred since the purchase of the animal, race winnings, stud fees paid (if mare is in foal), etc. Please give complete information.

- 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)

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 #

	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.				
a. Does the horse have an ancestor known to carry HYPP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" is answered, please indicate the HYPP status.	_____		_____	
b. Is the horse going to be shown solely in Halter classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", provide details: _____				
3. 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"/>
4. Has the horse been treated for colic, ulcers or any other intestinal disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the horse been nerved or received any surgical treatment for lameness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the horse received any joint injections, as preventative maintenance or treatment, in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the horse received any medications in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 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"/>
11. Was a pre-purchase exam performed? If yes, please attach narrative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. 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"/>
13. 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 3-13, 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 _____

PAYMENT OPTIONS:

☐ Full Payment ☐ Two Monthly Payments (\$10 finance fee) ☐ Three Monthly Payments (\$15 finance fee)

☐ Credit Cards accepted by phone ☐ Paypal Payments may be made at www.horse-insurance.com

(A 3.5% convenience fee (\$5 minimum) will apply.)

