



# American Insurance Specialists

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## APPLICATION FOR EQUINE INSURANCE

*This is not a binder. No application will be considered if not fully completed and signed by the Insured*

Desired Coverage Date \_\_\_\_\_

Owner's Name (as it should appear on the policy) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Coverage Requested:</b>	<input type="checkbox"/> Mortality	<input type="checkbox"/> Specified Perils
<input type="checkbox"/> Major Medical - \$7,500 limit (\$425 deductible)	<input type="checkbox"/> Accident & Illness - \$5,000 limit (\$375 deductible)	
<input type="checkbox"/> Major Medical - \$10,000 limit (\$500 deductible)	<input type="checkbox"/> Surgical Coverage - \$5,000 limit (\$375 deductible)	
<input type="checkbox"/> Major Medical - \$15,000 limit (\$600 deductible)	<input type="checkbox"/> Colic Coverage - \$3,000 limit (\$375 deductible)	
<b>Payment Plan:</b> <input type="checkbox"/> Full pay <input type="checkbox"/> 2 pay (premiums \$500+) <input type="checkbox"/> 4 pay (premiums \$500+) <input type="checkbox"/> 8 pay (premiums \$1,500+)		

Name and Registration/Tattoo # (Sire and Dam if unnamed)	Age	Sex	Breed	Use	Purchase Date	Purchase Price	Insured Amount

**\*\*Amounts other than purchase price are subject to Company acceptance. Please provide explanation of value.**

- Are you the sole owner of the horse(s)? \_\_\_\_\_ If not, list owners and addresses or lienholders/banks and address \_\_\_\_\_
- Usual location of horse(s), give address and phone number \_\_\_\_\_
- Name, address and telephone number of your usual veterinarian \_\_\_\_\_
- (a) Is horse(s) on vaccination and worming program approved by a vet? \_\_\_\_\_ Frequency? \_\_\_\_\_  
 (b) Has horse been vaccinated against West Nile Virus? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months? \_\_\_\_\_
- For all Quarter Horses, Appaloosas or Paint horses, does any horse(s) have an ancestor known to carry HYPP? \_\_\_\_\_ If yes, indicate the status for each horse (N/N, N/H, H/H) Note: H/H horses are not insurable. \_\_\_\_\_
- Are horse(s) presently insured? \_\_\_\_\_ Previously insured? \_\_\_\_\_ If yes to either questions, give name of company, date and amount \_\_\_\_\_
- Has any company cancelled or refused to renew your coverage? \_\_\_\_\_ If yes, give reason \_\_\_\_\_
- Has any horse(s) owned by you died within the past 24 months (whether or not insured)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state number of deaths and causes of death \_\_\_\_\_

**DECLARATION OF HEALTH:**

**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.**

1. (a) Does the horse(s) have any history of injury, illness, lameness or disease (including melanomas, sarcoids, warts or other types of growth)? \_\_\_\_  
If yes, give details, including date \_\_\_\_\_  
(b) Does the horse(s) have any conformation issues that could affect its ability to be used for the intended use? \_\_\_\_ If yes, give details \_\_\_\_  
\_\_\_\_\_  
(c) Any laminitis/founder, OCD, navicular disease, degenerative joint disease and/or neurologic disorders? \_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
2. (a) Has the horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative vaccinations) or are they unsound in any way? \_\_\_\_\_  
(b) Does the horse(s) receive any medications/supplements? If yes, explain \_\_\_\_\_
3. Has any horse(s) suffered from colic or any other gastro-intestinal related illness? \_\_\_\_ If yes, give details, including dates \_\_\_\_\_
4. Has any horse(s) been examined or treated by a veterinarian for other than routine care? If yes, explain and give dates. \_\_\_\_\_  
\_\_\_\_\_
5. (a) Has any horse(s) undergone surgery (other than castration), been fired, blistered or nerved? Yes \_\_\_\_ No \_\_\_\_  
(b) Has the horse(s) undergone diagnostic ultrasound, x-rays or bone scans within in the last 24 months? Yes \_\_\_\_ No \_\_\_\_  
If the answer to 5(a) or 5(b) is yes, give details, including dates and results \_\_\_\_\_  
\_\_\_\_\_
6. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the Company's acceptance of the proposed risk?  
\_\_\_\_\_

**\*\* Please provide a separate justification of value form on any horse insured for more than the purchase price.**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.

I declare to the best of my knowledge and belief that the horse(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application for insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease or death of any insured horse. Not doing so may jeopardize coverage and result in denial of any claim made.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**