

EQUINE INSURANCE APPLICATION

Name of Applicant _____ Requested Coverage Effective Date _____
 Address _____ City/State/ZIP _____
 Telephone Home _____ Work _____ Cell _____
 Email _____ Fax _____

Check here to receive your policy by email

1 IS THIS: New Business Renewal Business Additional Coverage Current Policy Number _____

COVERAGE DESIRED (Please check):

Full Mortality Colic Coverage - \$5,000 (in addition to \$5000 free emergency colic surgery) Stallion Permanent Disability

MAJOR MEDICAL

Co-Insurance: 20% Co- Insurance No Co-Insurance (only available on horses valued over \$100k)

Limit of Liability: \$7,500 \$10,000 \$12,500 \$15,000

Deductible: \$500 \$1,000

MEDICAL ASSISTANCE: \$7,500

Co-Insurance: 20% Co- Insurance No Co-Insurance (only available on horses valued over \$100k)

SURGERY COVERAGE

Limit of Liability: \$5,000 \$10,000 \$15,000

ZERO DEDUCTIBLE SURGERY

Limit of Liability: \$5,000 \$10,000

EQUINE EXTRAS BASIC : \$150.00 per policy

Owned horse equipment (tack, etc.): \$5,000 limit per item \$10,000 per occurrence

Non-owned horse equipment: \$500 limit per item \$1,500 per occurrence

Emergency evacuation: \$30 per day; up to 15 days

Burial expenses: \$500 per policy

EQUINE EXTRAS SPECIAL : \$250.00 per policy

Owned horse equipment (tack, etc.): \$7,500 limit per item \$15,000 per occurrence

Non-owned horse equipment: \$500 limit per item \$1,500 per occurrence

Emergency evacuation: \$30 per day; up to 15 days

Burial expenses: \$1,000 per policy

PRIVATE HORSE OWNER'S LIABILITY:

Occurrence Limit / Annual Aggregate Limit: \$500,000 / \$1,000,000 Premium per horse: \$60

Occurrence Limit / Annual Aggregate Limit: \$1,000,000 / \$2,000,000 Premium per horse: \$85

OTHER REQUIREMENTS: _____

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	Name of Horse (Sire x Dam)	Sex	Breed	Use	Birth Date	Purchase Price and Date	Amount of Insurance Requested	Rate (Official Use)	PHOL
A									
B									
C									
D									
E									

3 Is the applicant the sole owner of horse(s): Yes No
 If NO: Provide Ownership Information _____

4 If PHOL is selected, please answer the following questions:

Does the applicant conduct any commercial equine operations such as boarding, breeding, riding instruction, training of equines or leasing of equine to others where the applicant may or may not receive money or compensation? Yes No

Is there evidence of behavioral habits or vices with any of the applicant's named horses? Yes No

If Yes, please provide full details: _____

Has any insurer ever refused, canceled or non-renewed insurance or has there been any liability claims for you in the last 5 years? _____

Does the applicant own carts or buggies used with their equines? Yes No

5 If horse (s) is leased, indicate terms, and/or amount of annual lease by attaching copy of lease agreement _____

6 If horse(s) is financed, provide lender information and terms _____

7 Purchase price was: Private: By Auction: Price Paid by: Cash: Trade: Both:
Provide details: _____

8 (a) Where is the horse(s) usually stabled? _____
(b) Provide Name, address, and telephone number of the usual keeper of the horse(s) or trainer: _____

9 Name, address and telephone number of regular veterinarian _____

10 (a) To your knowledge, has horse(s) suffered an accident, sickness or disease in the last 12 months?
If yes, Give details: _____

(b) Has horse(s) ever had colic? _____ If so, how often _____ provide cause & date of last attack _____

(c) Has horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative inoculations) or are they unsound in anyway? _____

(d) Has horse(s) been wormed and vaccinated regularly? _____ Frequency _____

(e) Has horse been vaccinated against West Nile Virus? Yes No * Must be vaccinated for claims directly or indirectly related to West Nile Virus

(f) Has there been an any evidence of contagious or infections disease during the past twelve months in the location where the horse(s) are kept? Yes: No:

If yes, Give details: _____

(g) Has above horse(s) suffered from melanomas, sarcoids, warts, or other type of growth? Yes: No:

If yes, Give details: _____

(h) Has any surgery been performed on any above horse(s)? Yes: No:

If yes, Give details: _____

(i) Has the horse(s) ever been treated for navicular, osteochondrosis, arthritis, or degenerative joint disease? If yes, Give details: Yes: No:

11 Is horse(s) now insured? Yes: No: Previously Insured? Yes: No: If yes to either question, provide Company name, Effective date of coverage and Amount insured: _____

Has any Company cancelled or refused to renew your coverage? Yes: No: if yes, provide Company name, Date and reason for company action: _____

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which could materially affect this insurance has been knowingly withheld.

DATE : _____ SIGNATURE : _____

NAME (please print): _____

The undersigned certifies that to the best of their knowledge and belief that the above named horse(s) have not had any illness, injury, lameness or disease, including, but not limited to, colic, colic surgery, nerving, degenerative joint disease, laminitis or founder (except as noted above) within the past twelve (12) months.

The Applicant's submission of this Application does not obligate the Insurer to offer, or the Applicant to purchase, the insurance. The Applicant understands and agrees that this. Application is not a binder, but merely an application for Insurance. Signing this form is acknowledgement by the applicant that this Application shall be the basis of the Contract should a Policy be issued. The undersigned declares that to the best of their knowledge and belief, the statements set forth in this Application are true and complete and no material information has been withheld.

The undersigned understands and agrees that if an insurance policy is issued, immediate notice and full details of any lameness, illness, injury or death of the horse(s) shall be provided by telephone or in writing to the Company as indicated on the policy Declarations.

Please read the fraud warning statement applicable to your state. If your state is not shown, refer to the GENERAL FRAUD WARNING STATEMENT.

GENERAL FRAUD WARNING STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects that person to criminal and/or civil penalties.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY and PENNSYLVANIA: 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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: 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 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.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

TENNESSEE, VIRGINIA and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that he/she has reviewed this application and any attachments and declares the information provided is true, correct and complete to the best of his/her knowledge.

S I G N A T U R E O F A P P L I C A N T (S)

D A T E :