

# ANIMAL MORTALITY FOR RACE HORSES APPLICATION

## To be completed in full by owner or authorized agent

Name of Registered Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If not sole owner of animal state full details of designated owners and their interest: \_\_\_\_\_

## ANIMAL DESCRIPTION

\*If not tattoo'd or registered please attach a photo

| Sex | Age | Name | Breed | Use/Function | *Tattoo/Registration No. |
|-----|-----|------|-------|--------------|--------------------------|
|-----|-----|------|-------|--------------|--------------------------|

Date of Acquisition: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Purchased from: \_\_\_\_\_

Indicate name of Veterinarian to last examine this animal prior to the date of this application:

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Name of Regular Veterinarian: \_\_\_\_\_

Distance from Veterinarian by road: \_\_\_\_\_ kilometres. West Nile Virus vaccination? \_\_\_\_\_

I last saw this animal personally on: \_\_\_\_\_

Name and Address of individual who normally cares for this animal: \_\_\_\_\_

Any Insurance claims, last 5 years? (Describe) \_\_\_\_\_

Have you ever been cancelled or refused insurance? \_\_\_\_\_ Previous Insurer: \_\_\_\_\_

## LIMITS OF INSURANCE

1. Mortality Limits \$ \_\_\_\_\_

*The following options are available for an additional premium. Coverage not provided unless appropriate box is marked "Yes"*

- |                                       |     |                           |         |             |
|---------------------------------------|-----|---------------------------|---------|-------------|
| 2. Surgical/Major Medical Extension?  | YES | Circle Limit: \$2,500     | \$5,000 | \$7,500     |
| 3. Death Claim Expense Reimbursement? | YES |                           |         | \$2,000     |
| 4. Comprehensive General Liability?   | YES | Circle Limit: \$1,000,000 |         | \$2,000,000 |
| 5. Twelve Month Extension Clause?     | YES |                           |         |             |

**SPECIAL NOTICE – THE AMOUNT THAT WILL BE PAID IN THE EVENT OF A CLAIM WILL BE THE LESSER OF, THE AMOUNT SHOWN IN THE SCHEDULE, OR THE ACTUAL CASH VALUE AT THE TIME OF SUCH CLAIM.**

## DECLARATION OF OWNER

I declare that the animal listed is in good health and physical condition except as stated on the vet's certificate. I warrant the truth of the statements I have made on this Application which shall be the base of the Contract for Insurance and if anything be falsely stated or information withheld to influence the Company's decision, the Insurance Contract shall be null and void.

Date \_\_\_\_\_ Signed (Owner or Authorized Agent) \_\_\_\_\_