

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) _____