

EQUESTRIAN MORTALITY INSURANCE APPLICATION

Note: The answer to every question must be full and correct, and every blank must be filled. Please use block letters.

APPLICANT(S)

1. Named of Insured: _____
2. Address: _____ City: _____ Postal Code: _____
3. Home Phone: _____ Business Phone: _____ Email: _____
4. Association Membership: _____ Occupation: _____

HORSE(S) TO BE INSURED

	NAME	Age/DOB	Sex	Breed	Brand/Tattoo	Purchase Price or Stud Fee
A	_____	_____	_____	_____	_____	_____
B	_____	_____	_____	_____	_____	_____

GENERAL

5. Date of Purchase: **Horse A** _____ **Horse B** _____ 6. Purchased From: _____
7. State all purposes for which the horses are/will be used during the proposed period of Insurance:
Horse A _____ **Horse B** _____
8. State your interest in the proposed horse(s) (ie. owner, lessee etc.): _____
9. Are there any Leases or mortgages on any of the horses? If yes, give details: _____
10. State full address at which the horse(s) are normally kept: _____
11. Are the horses stabled at night: _____ 12. Will they be kept in an enclosed paddock: _____
13. How often are they observed (daily, weekly etc.) _____
14. Distance from the nearest vet practice with facilities for major operations: _____
15. Are there/have been any contagious or infectious disease on the premises or in the neighbourhood? If yes, give details:

16. Does the horse have any stable vice(s)? If yes, give details: _____
17. Is the Horse currently insured or has it been insured previously? If yes, provide details including name of Insurer(s):

18. How many horses have you lost during the last five years? _____
19. Please give details of any equine insurance claims, including major medical: _____
20. Has any insurer ever declined or refused to renew your equine insurance? If yes, give details and reason why:

21. Have you any other horses, which are not proposed for insurance hereby? If yes, give details and reason why not insured:

22. Are there any other circumstances within your knowledge or opinion not already disclosed affecting or likely to affect the proposed Insurance? If yes, give details _____
23. Please provide the name and address of your regular Veterinary Surgeon _____

EQUESTRIAN PROGRAM

Name of Horse: _____ Insured Limit Required: \$ _____

Offering a comprehensive insurance program that can be tailored to suit the needs of every equestrian.

1. All Risks Mortality Coverage (including euthanasia on humane grounds) (limits up to \$20,000. Do not require vet exam, higher limits require current vet exam and may be subject to higher rating)

(choose rate based on use of the horse) (horses aged 24 hours to 16 years are eligible)

Check only one option.

- 3.00% - Hacking, Breeding, Pleasure, Dressage, Cutting, Western Pleasure, Reining, Vaulting, Show Hunters, Show Jumpers
- 3.50% - Barrel Racing, Low Level Eventing
- 4.50% - Polocrosse, Polo, Endurance, Field Hunters, Advanced Eventing, Foals 30 to 90 days of age
- 5.50% - Foals 24 hours to 30 days of age

2. Extensions to your Mortality coverage:

(any premiums are fully earned)

Check all that apply.

- Loss of Use @ 1.80% Additional Premium (Accidental External Injury Only, 60% Indemnity)
- Stallion Permanent Total Infertility @ 0.50% Additional Premium
- INCLUDED – 12 month Extension Clause
- INCLUDED – Agreed Value
- INCLUDED – \$1,000,000 Third Party Liability
- INCLUDED – Death Re-imbursement \$ 1,000
- INCLUDED – Age Dependant Accidental Death \$5,000 / \$10,000 or Permanent Total Disablement \$5,000 / \$10,000 coverage (for riders)

3. Major Medical Coverage or Life Saving Surgical (available for horses aged 6 months to 16 years)

Major Medical or Life Saving Surgical limit must not be more than the sum insured for Mortality;

Choose one option to add to your Mortality coverage:

Check only one option.

- \$10,000 Major Medical / \$425 premium / \$500 deductible plus 25% co-insurance on lameness diagnostics
- \$ 5,000 Life Saving Surgical / \$175 premium / \$500 deductible

4. Personal Accident Coverage (For Riders)

Increase the limit of the Age Dependant Accidental Death coverage by choosing one of the following:

(rates dependant on the use of the horse)

Check only one option.

- \$75 Additional Premium for horses rated @ 3.0% - Age Dependant Accidental Death limits increased to \$25,000 / \$50,000 or Permanent Total Disablement \$25,000 / \$50,000
- \$165 Additional Premium for horses rated @ 3.5%, 4.5% or 5.5% - Age Dependant Accidental Death limits increased to \$25,000 / \$50,000 or Permanent Total Disablement \$25,000 / \$50,000

5. Saddlery and Tack

Limit \$10,000 per insured horse (items valued over \$1,000 to be itemized in the schedule)

Check all that apply.

\$ _____ @ 2.0% Additional Premium / \$250 deductible

Schedule of individual items valued over \$1,000 _____

DECLARATION OF HEALTH

TO BE COMPLETED AND SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE

Name of Horse: _____ Colour: _____ Sex: _____

Sire: _____ Dam: _____

Year of Birth: _____ Use/Level: _____

Owner: _____ Sum Insured: _____

Please answer the following questions to the best of your knowledge and ability by ticking the appropriate box, if you need more space to answer please use the back of this form.

1. Has the above horse to your knowledge ever suffered from any form of colic or other intestinal or digestive disorder including gastric ulcers?
Yes No If YES give details including recovery status: _____
2. Has the above horse to your knowledge undergone any surgery (including castration if within the last twelve months)?
Yes No If YES give details including recovery status: _____
3. Has the above horse to your knowledge ever suffered from any lameness, fractures, tendon or ligament injury?
Yes No If YES give details including recovery status: _____
4. Has the above horse to your knowledge ever suffered from melanomas, sarcoids, warts or any other type of growth?
Yes No If YES give details including current status: _____
5. Has the above horse to your knowledge ever had any other accident, illness or disease other than those mentioned in Questions 1, 2, 3 or 4 above?
Yes No If YES give details including current status: _____
6. Has there to your knowledge been any evidence of contagious or infectious disease during the past twelve months in the location where the horse is kept?
Yes No If YES give details including recovery status: _____
7. During the last twelve months has the above horse received attention from any Veterinary Surgeon, Physiotherapist, Chiropractor, Acupuncturist or Homoeopathist for any reason other than routine vaccination or obstetric work, or received any other form of treatment for remedial purposes including farriery. Has the horse received steroidal, non-steroidal, anti-inflammatory or analgesic medication?
Yes No If YES give details including recovery status: _____
8. To the best of your knowledge is the above horse at present normal in conformation, eyes, heart, wind and action and in good health and does it therefore in your opinion represent a normal risk for the proposed insurance?
Yes No If NO give details: _____

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.

SIGNED _____ (***Owner/Other – please specify below**) **DATE** _____

NAME (please print) _____ **OWNER or ?** _____

N.B. THE INFORMATION IN THIS DECLARATION FORMS THE BASIS OF THE INSURANCE CONTRACT
AND INCORRECT ANSWERS COULD INVALIDATE THE POLICY