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 TOLL FREE: (800) 888-4896

EQUINE MORTALITY APPLICATION

Policy # If Renewal _____

- (1) Applicant: _____
 (2) Address: _____ City: _____ State: _____ Zip: _____
 (3) Phone: _____ E-Mail: _____
 (4) Mortgagee (if any) _____ Mortgagee address: _____
 Contact Person: _____ Mortgagee To be Named on Certificate? No _____ Yes _____
 (5) Effective Date: _____ (6) Location of Horse: _____

SEE BROCHURE FOR EXPLANATION OF OPTIONAL COVERAGES. Price is in addition to annual premium				This coverage only available with horses insured \$15,000 or over	
(7) Optional Coverage's (Please check desired coverage)	Colic \$150	Surgical \$150	Medical Assistance \$375	*10k Maj Med \$575	*15k Maj Med \$775

(8) Name of Horse		(9) Registration No.		(10) Sire		(11) Dam		
(12) Sex	(13) Breed	(14) Birth Date	(15) Use & Function	(16) Date Purchased	(17) How Acquired Private/Homebred/ Auction/Other			
(18) Purchase Price \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other _____			(19) Acquired From and Address			(20) Desired Insurance Amount \$ _____		

- (21) If amount of insurance exceeds purchase price give information to justify:(training, earnings, etc) form may be required by underwriting. _____
 (22) Current accommodations (stall, corral, open pasture, etc.) _____ No. of acres _____
 (23) Has the horse been insured before? No _____ Yes _____ Expiration Date: _____ Amount \$ _____
 Company Name: _____ Agency Name: _____
 (24) Has any similar insurance been declined or cancelled? No _____ Yes _____ If yes, explain: _____
 (25) Is the horse being leased? No _____ Yes _____ If yes, explain: _____

 (26) Name and address of your usual veterinarian: _____

PLEASE READ CAREFULLY!

I/We understand and agree that the policy to be issued shall be founded upon the statements contained herein; that animals having heaves or vicious habits; which are colicky, emphysematous, bleeders, blind or nerved at or above the fetlock or orphan foals under 90 days of age, are NOT insurable; that the insurance company shall not be liable for any loss caused by an insured animal becoming unfit or incapable of fulfilling its functions, use or duties for which it is kept, used or intended; and that no operation be performed on any insured animals, without the WRITTEN consent of the insurance company unless the operation is necessary, as a result of a peril insured by this policy.

I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT AND IF ANYTHING BE FALSELY STATED OR INFORMATION WITHHELD TO INFLUENCE THE INSURANCE COMPANY'S DECISION THE INSURANCE CONTRACT SHALL BE NULL AND VOID. IT IS UNDERSTOOD, HOWEVER THAT THE SIGNING AND FILING OF THIS APPLICATION DOES NOT BIND THE INSURANCE COMPANY AND THAT NO INSURANCE SHALL BE DEEMED EFFECTIVE UNLESS AND UNTIL THIS APPLICATION IS RECEIVED AND ACCEPTED BY THE INSURANCE COMPANY AND ANY BINDER OR COVERAGE SHALL THEN BE EFFECTIVE ONLY UPON RECEIPT.

 INSURED SIGNATURE

 DATE

DECLARATION OF HEALTH

HORSE'S NAME	PURCHASE PRICE	PURCHASE DATE	INSURED VALUE
	\$		\$

*** Each additional horse to be insured will require it's own application and declaration of health.

(1) How often wormed and last date: _____

(2) List vaccinations in last 12 months – include dates: _____

(3) To the best of your knowledge is the animal to be insured at present normal in eyes, wind and action and does it, in your opinion represent a normal risk for Mortality insurance purposes? If no, give details. _____ Yes No

(4) Has the horse ever suffered any accident, disease or sickness in the last year? If yes, please explain: _____ Yes No

(5) Has the animal(s) to be insured suffered from colic or any colic related illness at any time? If yes, give details. _____ Yes No

(6) Has the animal(s) to be insured suffered from any other injury, illness, or disease or undergone any surgery at **anytime**? If yes, give details. _____ Yes No

(7) Has there been any evidence of infection or contagious disease in the location where this/these animal(s) is/are kept? If yes, give details. _____ Yes No

(8) Has the animal(s) to be insured, been castrated, fired, blistered, de-nerved, operated on or received treatment for lameness at any time or does the animal(s) have faulty conformation that could affect its ability to be used for its purpose? If yes, give details. _____ Yes No

(9) Does the animal(s) to be insured receive any medications? If yes, give details. _____ Yes No

(10) For Quarter Horse/Appaloosa/Paint Horse: Does pedigree have HYPP linkage? Yes No
 If yes, has the horse(s) been tested? Yes No
 What were the results? _____

If you answered yes to any question #4-9, indicate if the horse has fully recovered (add additional sheets if needed):

(11) Give cause and date of **any** horse's death in your care, custody or ownership in the past 3 years: _____

I understand and agree that this certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

 INSURED SIGNATURE

 DATE

Payment Options: Please circle your payment option:

A. In Full **B. Quarterly 40% Down then 3 payments**

C. 25% Down- 9 Monthly Payments **D. Semi Annual- 65% Down-**
 (only available with premiums over \$500.00) **last payment due 6 months prior to expiration.**

– **Company Charges \$ 3 per payment service fee for all payment plans**