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EQUINE 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: _____

(7) Optional Coverage's: (Please specify)		*Minimum \$15,000 Mortality		
Colic	Surgical	*Maj Med 10K	*Maj Med 15K	Other _____

(8) Name of Horse		(9) Registration No.		(10) Sire		(11) Dam	
(12) Sex	(13) Breed	(14) Birth Date	(15) Use & Function		(16) Date Acquired	(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) _____
(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) Has the horse ever suffered any accident, disease or sickness? No _____ Yes _____ If yes, explain: _____

(4) To the best of your knowledge is the animal(s) 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

(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 #3-10, 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: In Full or Payment Plan (Please circle which plan, A, B or C)

*A. 25% Down – 9 Monthly Payments B. Quarterly 40% Down – 3 Payments C. Semi Annual – 65% Down – 1 payment 6 months prior to expiration

*A. is only available on premiums over \$500.00 – Company Charges \$ 3 per payment service fee for all payment plans