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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TO BE COMPLETED AND SIGNED **BY THE HORSE’S OWNER**. ALL VALUES ARE SUBJECT TO REVIEW BY UNDERWRITING. | | | | | | | | | | | | | |
| **1.** | | | **APPLICANT: OWNER** | | | | | | | | | | |
| NAME | | | | | | | | | EMAIL ADDRESS | | | | |
| DO YOU HAVE AN EXISTING HEP POLICY?  YES NO POLICY NUMBER: | | | | | | | | | CELL/HOME PHONE NUMBER | | | | |
| **2.** | | | **HORSE INFORMATION** | | | | | | | | | | |
| NAME | | | | SEX  GELDING:  STALLION / COLT:  MARE / FILLY:  MARE IN FOAL: | BREED | | | USE | | COLOUR | | YEAR OF BIRTH | |
| **3.** | | | **PREVIOUS OR CURRENT ACCIDENT, INJURY, ILLNESS, DISEASE OR MEDICAL CONDITION(S)** | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **4.** | **CURRENT HEALTH STATUS** **– Select One Status** | | | | | | | | | | | | |
| LAME/UNSOUND – Expected Recovery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RECOVERING – Expected Recovery Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FULLY RECOVERED | | | | | | | | | | | | | |
| IS THERE ANY VET RECOMMENDED MAINTENANCE OR RECOVERY PLAN YES NO, IF YES, PROVIDE DETAILS | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| ANY REOCCURRENCE OF THE AILMENT YES NOIF YES, PROVIDE DETAILS | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **5.** | **CURRENT FAIR MARKET VALUE based on Current Health Status** | | | | | | | | | | | | | |
| CURRENT FAIR MARKET VALUE  **$** | | | | | | | | | | | | | | |
| DETAILS TO SUPPORT CURRENT FAIR MARKET VALUE | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | SHOW OR CLINIC RECORD ATTACHED  YES NO | | | |
| **6.** | | **EQUINE DISCLOSURE** | | | | | | | | | | | | |
| I understand and agree that immediate notice and full details of any accident, injury, illness, disease or medical condition, or death of the animal will be given to the Insurer. I agree that the signing and filing of this application does not bind the Insurer and no insurance shall be deemed effective unless and until this application is received and accepted by the Insurer and any binder of coverage shall then be effective only upon receipt by the Insurer. | | | | | | | | | | | | | | |
| **SIGNATURE OF APPLICANT** (Authorized for this purpose)  **X** | | | | | | **DATE** | **SIGNATURE OF APPLICANT** (Authorized for this purpose)  **X** | | | | | | **DATE** | |