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| TO BE COMPLETED AND SIGNED **BY THE HORSE’S OWNER**. ALL VALUES ARE SUBJECT TO REVIEW BY UNDERWRITING. | | | | | | | | | | | | | | | | | | | |
| **1.** | | | **APPLICANT’S (OWNER’S)** | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | EMAIL ADDRESS | | | | | | | | |
| HOME PHONE NUMBER | | | | | | | | | | | CELL PHONE NUMBER | | | | | | | | |
| DO YOU HAVE AN EXISTING HEP POLICY?  YES NO POLICY NUMBER: | | | | | | | | | | |  | | | | | | | | |
| **2.** | | | **HORSE INFORMATION** | | | | | | | | | | | | | | | | |
| NAME | | | | | | SEX  GELDING:  STALLION / COLT:  MARE / FILLY:  MARE IN FOAL: | | | BREED | | | | USE**\*** | | | | COLOUR | | YEAR OF BIRTH |
| **\* Horses used for commercial purposes or racing are not written (except lesson horses as per guidelines)** | | | | | | | | | | | | | | | | | | | |
| ACQUISITION DATE | | | | | CURRENT LIMIT OF INSURANCE  $  ORNOT INSURED | | | | **CURRENT FAIR MARKET VALUE**  $ | | | | | | | **MORTALITY LIMIT REQUESTED**  $ | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **3.** | | | **TRAINING HISTORY** | | | | | | | | | | | | | | | | |
| COACH OR TRAINER NAME | | | | | | | | | | | PHONE NUMBER | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | PERMISSION TO CONTACT COACH OR TRAINER  YES NO | | | | | | | |
| LEVEL OF TRAINING AT TIME OF PURCHASE | | | | | | | | | | | LEVEL OF TRAINING AT PRESENT TIME | | | | | | | | |
| **4.** | **DETAILS TO SUPPORT CURRENT FAIR MARKET VALUE** | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | SHOW OR CLINIC RECORD ATTACHED  YES NO | | | | |
| **5.** | | | | **BREEDING INFORMATION OR NOT APPLICABLE** | | | | | | | | | | | | | | | |
| STALLIONS | | | | | CURRENT STUD FEE  $ | | NUMBER OF MARES BRED PER YEAR | | | | | | | aVERAGE SALE PRICE OF FOALS  $ | | | | | |
| BROODMARES | | | | | nUMBER OF LIVE FOALS | | aVERAGE SALE PRICE OF FOALS  $ | | | | | | | ANY HISTORY OF BREEDING OR FOALING COMPLICATIONS YES NO  IF YES, PROVIDE VET NOTES | | | | | |
| **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** | | |