# HENRY EQUESTRIAN PLAN

# HORSE MORTALITY APPLICATION

TO BE COMPLETED AND SIGNED ***BY THE HORSE'S OWNER***. ALL VALUES ARE SUBJECT TO REVIEW BY UNDERWRITING.

## 1. APPLICANT – Must be age of majority

| | |
|---|---|
| OWNER'S NAME | CELL/HOME PHONE NUMBER |
| STREET ADDRESS | EMAIL ADDRESS |
| TOWN, PROVINCE<br>, | |
| POSTAL CODE | DO YOU HAVE AN EXISTING HEP POLICY?<br>☐ YES ☐ NO POLICY NUMBER: |

## 2. POLICY PERIOD

| | | |
|---|---|---|
| ☐ NEW BUSINESS | ☐ ENDORSEMENT TO ABOVE NOTED POLICY | |
| EFFECTIVE DATE TIME<br>☐ A.M. ☐ P.M. | EXPIRY DATE<br>AT 12:01 AM | All times are local times at the applicant's postal address stated herein |

## 3. OWNERSHIP AND LIENHOLDER

| | |
|---|---|
| ARE YOU THE HORSE'S SOLE OWNER? ☐ YES ☐ NO<br>IF 'NO', PLEASE ATTACH CONTRACT. | IS THERE ANY INDEBTEDNESS? ☐ YES ☐ NO<br>IF 'YES', PLEASE ATTACH CONTRACT. |
| IS THE HORSE LEASED? ☐ YES ☐ NO<br>IF 'YES', PLEASE ATTACH LEASE AGREEMENT. LESSEE: | |

## 4. HORSE INFORMATION

| NAME | SEX<br>GELDING: ☐<br>STALLION / COLT: ☐<br>MARE / FILLY: ☐<br>MARE IN FOAL: ☐ | BREED | USE/DISCIPLINE | COLOUR | YEAR OF BIRTH |
|---|---|---|---|---|---|

| PURCHASE DATE | AUCTION ☐<br>PRIVATE / CASH ☐<br>TRADE ☐ | HOMEBRED ☐<br>**Foaling Date:**<br>**(mm/dd/yyyy)** | PURCHASE PRICE / STUD FEE IF HOMEBRED<br>$<br>**CAD** | ADDITIONAL PURCHASE EXPENSES**<br>$<br>**CAD** |
|---|---|---|---|---|

****ELIGIBLE ADDITIONAL PURCHASE EXPENSES: COSTS FOR VETERINARY PRE-PURCHASE EXAMINATION, TRANSPORTATION, QUARANTINE, COMMISSIONS, TAXES.**

WAS THE HORSE PURCHASED OUTSIDE CANADA? ☐ YES ☐ NO IF 'YES', PLEASE STATE WHERE:

WILL THE HORSE BE TRANSPORTED VIA AIR TO EITHER CANADA OR THE USA? ☐ YES ☐ NO IF 'YES', ESTIMATED DATE OF ARRIVAL:

PRIMARY LOCATION THE HORSE WILL RESIDE AT:

## 5. INSURANCE HISTORY

HAVE YOU HAD ANY EQUINE CLAIMS IN THE LAST 5 YEARS? ☐ YES ☐ NO ONLY WITH HEP? ☐ YES ☐ NO
**IF CLAIMS ARE WITH OTHER COMPANIES** PROVIDE DETAILS

| DATE OF LOSS | DETAILS | AMOUNT PAID<br>$ |
|---|---|---|
| | | |

WAS THIS HORSE PREVIOUSLY INSURED BY YOU OR ANY OF ITS OWNERS APPLYING FOR INSURANCE? ☐ YES ☐ NO IF 'YES', INDICATE:

| EXPIRY DATE | INSURER | POLICY NUMBER | MORTALITY LIMIT<br>$ |
|---|---|---|---|
| | | | |

HAS ANY INSURANCE COMPANY EVER CANCELLED ANY INSURANCE OR REFUSED TO INSURE ANY ANIMAL(S) IN WHICH YOU HAVE OR HAD AN INSURABLE INTEREST? ☐ YES ☐ NO IF 'YES', PLEASE EXPLAIN:

## 6. HORSE HEALTH HISTORY

NAME OF REGULAR VETERINARIAN

WILL THE HORSE BE MAINTAINED ON A VETERINARIAN RECOMMENDED VACCINATION PROGRAM? ☐ YES ☐ NO
IF 'NO', PROVIDE DETAILS:

IS THERE ANY EVIDENCE OF INFECTIOUS OR CONTAGIOUS DISEASE WHERE THE HORSE IS CURRENTLY LOCATED OR WILL RESIDE? ☐ YES ☐ NO

IS THE HORSE ON ANY MEDICATION OR RECEIVING TREATMENTS? ☐ YES ☐ NO
IF 'YES', PROVIDE DETAILS:

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| CURRENT LIMIT OF INSURANCE<br>$<br><br>OR ☐ NOT INSURED | **CURRENT FAIR MARKET VALUE**<br><br>$ | **MORTALITY LIMIT REQUESTED**<br><br>$ | **I hereby confirm the horse is currently sound, healthy and free from any Medical Condition, except as noted below**<br>**YES ☐ NO ☐** |
|---|---|---|---|

**6a. PLEASE READ CAREFULLY AND ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE**

| **To your knowledge, has the above horse:** | **YES** | **NO** |
|---|---|---|
| 1. *Suffered from* **ANY** *form of colic or other intestinal or digestive disorder or stomach ulcers* | ☐ | ☐ |
| 2. *Undergone* **ANY** *other surgery* | ☐ | ☐ |
| 3. *Had* **ANY** *past lameness, fractures, tendon, or ligament injury or* **ANY** *other accident, injury, illness, or disease* **OR** *Suffered from melanomas, sarcoids, warts or* **ANY** *other type of growth or tumor* | ☐ | ☐ |
| 4. *Received during the last 12 months,* **ANY** *attention from any Veterinarian, Veterinary Surgeon, Physiotherapist, Chiropractor or Acupuncturist for any reason other than routine vaccinations or obstetric work* **OR** *Received* **ANY** *other form of treatment for medical or preventative purposes (including corrective shoeing)* | ☐ | ☐ |
| **Does the above horse have:** | **YES** | **NO** |
| 5. **ANY** *objectionable habits, vices or behavioral issues* | ☐ | ☐ |
| 6. **ANY** *Injury, Illness, Disease or Medical Condition that should be brought to the company's attention* | ☐ | ☐ |

**6b. EXPLAIN ANY YES ANSWERS – Include the month and year of the Medical Condition**

**6c. TRAINING HISTORY**

| COACH OR TRAINER NAME | EMAIL ADDRESS | PHONE NUMBER | PERMISSION TO CONTACT COACH OR TRAINER<br>☐ YES ☐ NO |
|---|---|---|---|
| LEVEL OF TRAINING AT TIME OF PURCHASE | | LEVEL OF TRAINING AT PRESENT TIME | |

**6d. DETAILS TO SUPPORT CURRENT FAIR MARKET VALUE**

**7. COVERAGE** ☐ NO CLAIMS

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| **MORTALITY – ONE PLAN REQUIRED** | LIMIT | PREMIUM |
|---|---|---|
| ☐ NO EXTRAS HEP – FULL MORTALITY (MINIMUM PREMIUM $200) | $ | $ |
| ☐ REGULAR HEP - FULL MORTALITY (MINIMUM PREMIUM $200) | $ | $ |
| ☐ REGULAR HEP - SPECIFIED PERILS (MINIMUM PREMIUM $150) NOT REQUIRED IF FULL MORTALITY SELECTED | $ | $ |
| **OPTIONAL ENDORSEMENTS – AVAILABLE WITH FULL MORTALITY PLANS ONLY** | | |
| ☐ NONE | | |
| **MEDICAL PLUS SURGICAL OR SURGICAL** | LIMIT | PREMIUM |
| ☐ MEDICAL PLUS SURGICAL – **DEDUCTIBLE $1,000** — AVAILABLE FOR ALL VALUES *OPTION TO ADD COLIC EXTENSION BELOW | ☐ $ 5,000 | $ |
| MORTALITY LIMIT REQUIRED $ 10,000 OR HIGHER | ☐ $ 10,000 | $ |
| MORTALITY LIMIT REQUIRED $ 15,000 OR HIGHER | ☐ $ 15,000 | $ |
| MORTALITY LIMIT REQUIRED $ 20,000 OR HIGHER | ☐ $ 20,000 | $ |
| ☐ SURGICAL - **DEDUCTIBLE $500** — AVAILABLE FOR ALL VALUES *OPTION TO ADD COLIC EXTENSION BELOW | ☐ $ 5,000 | $ |
| MORTALITY LIMIT REQUIRED $ 10,000 OR HIGHER | ☐ $ 10,000 | $ |
| | ☐ $ 15,000 | $ |
| | ☐ $ 20,000 | $ |
| ☐ INCREASED COLIC COVERAGE — AVAILABLE WITH $5,000 MEDICAL PLUS SURGICAL OR SURGICAL | ☐ $ 5,000 | $ |
| ☐ DISABILITY – AVAILABLE WITH A MINIMUM FULL MORTALITY COVERAGE LIMIT OF $20,000<br>ONLY ELIGIBLE USES: HUNTER / JUMPER / EQUITATION; LINE / HALTER; WESTERN PLEASURE; DRESSAGE; VAULTING | $ | $ |
| ☐ STALLION INFERTILITY (MINIMUM PREMIUM $100) | $ | $ |
| ☐ WORLD WIDE/AIR TRIP TRANSIT/BERSERK – PER ONE WAY TRIP (MINIMUM PREMIUM $100) | $ | $ |
| **OPTIONAL ENDORSEMENTS** | | |
| ☐ NONE | | |
| ☐ TACK & EQUIPMENT | $ 2,000 | $ |
| ☐ INCREASED TACK & EQUIPMENT OVER $2,000 | $ | $ |
| ☐ OWNED HORSE TRAILER<br>ALL RISK, ACTUAL CASH VALUE – PHYSICAL DAMAGE ONLY - NO LIABILITY. | $ | $ |
| ☐ INCREASED PERSONAL LIABILITY (ONLY AVAILABLE WITH REGULAR HEP) | $ 2,000,000 | $ |
| ☐ EXTEND PERSONAL LIABILITY TO LESSEE (ONLY AVAILABLE WITH REGULAR HEP) | $ | $ |

| EC MEMBERSHIP # | | |
|---|---|---|
| | SUB-TOTAL | $ |
| | CLAIMS SURCHARGE (IF APPLICABLE) % of SUB-TOTAL | $ |
| | R.S.T. % | $ |
| | **TOTAL** | $ |

**PAYMENT ARRANGEMENTS MUST BE MADE BEFORE COVERAGE CAN BE BOUND. SEE PAYMENT OPTIONS FORM.**

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## 8 (A). FULL DISCLOSURE

**I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker.**
**I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:**

- **For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

- **For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

- **For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**The information in this Application forms the basis on which your contract of Equine Insurance will be issued and rated. If any information changes at any time in the future with respect to any statement or representation you have made, it is considered material and must be reported to us immediately. Failure to do so may result in your claim being denied or your policy becoming void from the date of such change.**

## 8 (B). PERSONAL INFORMATION CONSENT

**For all provinces and territories:** I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my claims history. I authorize my broker or the Insurer to collect use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

**Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais.**
**The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.**

## 8 (C). 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)<br>**X** | **DATE** | **SIGNED BY** (Print Name) |
|---|---|---|
| **SIGNATURE OF APPLICANT** (Authorized for this purpose)<br>**X** | **DATE** | **SIGNED BY** (Print Name) |

## 9. BROKER / AGENT

| IS THIS BUSINESS NEW TO YOUR OFFICE?<br>☐ YES ☐ NO | SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT | |
|---|---|---|
| BROKER / AGENT NAME<br>(Please print) | | SIGNATURE OF BROKER / AGENT |
| BROKER / AGENT EMAIL ADDRESS | | |