



# HENRY EQUESTRIAN PLAN HORSE MORTALITY APPLICATION - THRIFTY

HEP – MGA (A Division of Wayfarer Insurance Brokers Ltd.)

Underwritten By Elite Insurance Company

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

## 1. APPLICANT'S (OWNER'S) FULL NAME AND POSTAL ADDRESS

NAME	HOME PHONE NUMBER
STREET ADDRESS	CELL PHONE NUMBER
TOWN, PROVINCE	EMAIL ADDRESS
POSTAL CODE	DO YOU HAVE AN EXISTING HEP POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO POLICY NUMBER:

## 2. POLICY PERIOD

<input type="checkbox"/> NEW BUSINESS		<input type="checkbox"/> ENDORSEMENT TO ABOVE NOTED POLICY	
EFFECTIVE DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	EXPIRY DATE	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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'NO', PLEASE ATTACH CONTRACT.	IS THERE ANY INDEBTEDNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', PLEASE ATTACH CONTRACT.
IS THE HORSE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', PLEASE ATTACH LEASE AGREEMENT. LESSEE:	

## 4. HORSE INFORMATION

NAME	SEX GELDING: <input type="checkbox"/> STALLION / COLT: <input type="checkbox"/> MARE / FILLY: <input type="checkbox"/> MARE IN FOAL: <input type="checkbox"/>	BREED	USE*	COLOUR	YEAR OF BIRTH
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**\* HORSES USED FOR COMMERCIAL PURPOSES OR RACING ARE NOT WRITTEN (EXCEPT LESSON HORSES AS PER GUIDELINES)**

ACQUISITION DATE	ACQUIRED FROM	AUCTION <input type="checkbox"/> PRIVATE / CASH <input type="checkbox"/> HOMEBRED / TRADE <input type="checkbox"/>	A. PURCHASE PRICE / STUD FEE IF HOMEBRED \$	B. ADDITIONAL PURCHASE EXPENSES** \$	AMOUNT OF INSURANCE DESIRED (A PLUS B) \$
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**\*\*ADDITIONAL PURCHASE EXPENSES: COSTS FOR VETERINARY PRE-PURCHASE EXAMINATION, TRANSPORTATION, QUARANTINE, COMMISSIONS, TAXES.**

WAS THE HORSE PURCHASED OUTSIDE CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', PLEASE STATE WHERE:	
WILL THE HORSE BE TRANSPORTED VIA AIR TO EITHER CANADA OR THE USA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', ESTIMATED DATE OF ARRIVAL:	
PRIMARY LOCATION HORSE RESIDES AT	NAME AND PHONE NUMBER OF PERSON IN CHARGE

## 5. INSURANCE HISTORY

HAS ANY INSURANCE COMPANY EVER CANCELLED ANY INSURANCE OR REFUSED TO INSURE ANY ANIMAL(S) IN WHICH YOU HAVE OR HAD AN INSURABLE INTEREST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', PLEASE EXPLAIN:			
HAVE YOU HAD ANY EQUINE CLAIMS IN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', PLEASE PROVIDE DETAILS BELOW:			
DATE OF LOSS	DETAILS	AMOUNT PAID \$	OPEN / CLOSED
WAS THIS HORSE PREVIOUSLY INSURED BY YOU OR ANY OF ITS OWNERS APPLYING FOR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', INDICATE:			
EXPIRY DATE	INSURER	POLICY NUMBER	MORTALITY LIMIT \$

## 6. HORSE HEALTH HISTORY

NAME OF REGULAR VETERINARIAN		
CURRENT VACCINATIONS AND DATES		
NUMBER OF DEWORMINGS PER YEAR	DEWORMING METHOD	LAST DEWORMING DATE
IS THE HORSE ON REGULAR MEDICATION OR TREATMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', PLEASE PROVIDE DETAILS:		

**7. COVERAGE**

**THE THRIFTY HEP - INCLUDES \$1,000,000 PERSONAL LIABILITY (COVERAGE D ONLY) – 2% OF THE INSURED LIMIT**

		LIMIT	RATE	PREMIUM
1.	<input type="checkbox"/> THRIFTY HEP - SPECIFIED PERILS PLUS (MINIMUM PREMIUM \$100)	\$	X 2.0%	\$
	<input type="checkbox"/> INCREASED PERSONAL LIABILITY	\$ 2,000,000	\$25	\$
	<input type="checkbox"/> EXTEND PERSONAL LIABILITY TO LESSEE	\$	\$25	\$
2.	<b>EMERGENCY VETERINARIAN EXPENSE – SELECT ONE</b>			
	<input type="checkbox"/> \$1,000		\$75	\$
	<input type="checkbox"/> \$2,000		\$150	\$
	<input type="checkbox"/> \$3,000		\$225	\$
	<input type="checkbox"/> \$4,000		\$300	\$
	<input type="checkbox"/> \$5,000		\$375	\$
3.	<b>ENDORSEMENTS</b>			
	<input type="checkbox"/> WORLD WIDE/AIR TRIP TRANSIT / BERSERK – PER ONE WAY TRIP	\$	X 0.5%	\$
	<input type="checkbox"/> TACK & EQUIPMENT	\$ 1,000	INCLUDED	\$ 0
	<input type="checkbox"/> INCREASED TACK & EQUIPMENT OVER \$1,000	\$	\$20 PER \$1,000	\$
	<input type="checkbox"/> TRAILER – ALL RISK, ACTUAL CASH VALUE – PHYSICAL DAMAGE ONLY - NO LIABILITY. SUPPLEMENTAL TRAILER FORM AND COPY OF OWNERSHIP REQUIRED.	\$	X 1.0%	\$
OWNER'S CURRENT EQUINE CANADA MEMBERSHIP #		SUB-TOTAL		\$
		R.S.T. %		\$
		TOTAL		\$

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

**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)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

**9. BROKER / AGENT**

IS THIS BUSINESS NEW TO YOUR OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT?	HAVE YOU BOUND THE RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO
BROKER / AGENT NAME (Please print)		SIGNATURE OF BROKER / AGENT
BROKER / AGENT EMAIL ADDRESS		DATE COVERAGE BOUND