HENRY EQUESTRIAN PLAN
JUSTIFICATION OF VALUE

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)

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	BREED	USE*	COLOUR	YEAR OF BIRTH
	GELDING: ☐ STALLION / COLT: ☐ MARE / FILLY: ☐ MARE IN FOAL: ☐				

*** HORSES USED FOR COMMERCIAL PURPOSES OR RACING ARE NOT WRITTEN (EXCEPT LESSON HORSES AS PER GUIDELINES)**

ACQUISITION DATE	AUCTION ☐ PRIVATE / CASH ☐ HOMEBRED/TRADE ☐	CURRENT LIMIT OF INSURANCE $ OR ☐ NOT INSURED	A. PURCHASE PRICE / STUD FEE IF HOMEBRED $	B. ADDITIONAL PURCHASE EXPENSES** $	AMOUNT OF INSURANCE DESIRED (A PLUS B) $

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

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

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

(JUNE 2017)