

Named Insured – Full Name(s)/DBA: _____

Address: _____ Is this a change? Yes No

City: _____ State: _____ County _____ Zip: _____ Home Ph: (____) _____ - _____

Business Phone: (____) _____ - _____ Fax #: (____) _____ - _____ Email Address: _____

(Only used to receive claims info from Company)

#	Name/Registration No.*	Breed	Date of Birth	Sex	Exact Use	Purchase Date	Purchase Price	Insured Amount	Rate
1									
Opt Covers (Discuss with Agent): <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 Major Med **; <input type="checkbox"/> Surgical; <input type="checkbox"/> Guar. Ext.; <input type="checkbox"/> Agreed Value; <input type="checkbox"/> Int'l Transit; <input type="checkbox"/> Worldwide Ext. ***; <input type="checkbox"/> Stallion ASD; <input type="checkbox"/> 60% Full LOU; <input type="checkbox"/> 60% Accident Only LOU; <input type="checkbox"/> Pro-Foal; <input type="checkbox"/> R.P./Acc. Only									
2									
Opt Covers (Discuss with Agent): <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 Major Med **; <input type="checkbox"/> Surgical; <input type="checkbox"/> Guar. Ext.; <input type="checkbox"/> Agreed Value; <input type="checkbox"/> Int'l Transit; <input type="checkbox"/> Worldwide Ext. ***; <input type="checkbox"/> Stallion ASD; <input type="checkbox"/> 60% Full LOU; <input type="checkbox"/> 60% Accident Only LOU; <input type="checkbox"/> Pro-Foal; <input type="checkbox"/> R.P./Acc. Only									

Note: If requested insured amount exceeds documented purchase price for listed horse(s), please complete Value Substantiation App.

1. a. Has the interest in ownership changed in any way? Yes No If so, Animal #: _____; Add'l Insured Loss Payee
 b. Loss Payee or Additional Insured Name: _____ Interest: _____
2. Is the horse(s) currently free of lameness and healthy, without the use of drugs, for the use intended? Yes No
 If No, please explain: _____
3. Has the horse(s) had any colic, impaction, colic surgery or gastro-intestinal disorders within the last 12 months? Yes No
 If Yes, please explain: _____
4. Has the horse(s) been nerved, undergone diagnostic ultrasound, radiographs, fluoroscopes or x-rays, or received any diagnostic or surgical treatment for lameness within the last 12 months? Yes No
 If Yes, please explain: _____
5. Has the horse(s) been examined or treated by a veterinarian for other than routine care within the last 12 months? Yes No
 If Yes, please explain: _____
6. Has the horse(s) received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No; If Yes, please explain: _____
7. For Qtrs/Apps/Paints, does the horse(s) have a pedigree link to HYPP? Yes No If yes, Test Date: _____
 Results: _____ N/N; N/H; H/H; N/A (Note: Policy Excl 2.a. excludes HYPP. H/H horses are not insurable)
8. Has use, level, or frequency of competition changed during the last 12 months? Yes No :Explain: _____
9. Has frequency and duration of hauling changed in the last 12 months? Yes No; Mileage/# Shows _____
10. Has the horse(s) received regular semi-annual influenza, rhino Pneumonitis & West Nile Virus and annual tetanus, Eastern & Western Equine Encephalitis inoculations and remained on its' regular de-worming program at the direction of your regular vet? Yes No
11. How many miles to the closest surgical facility? _____ Is a regular equine vet on staff there? Yes No
12. Is the horse(s) stabled at night? Yes No; If not, please provide details and location(s): _____
13. In Care Of: _____ Location of animal(s): _____

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. See separately attached Fraud Warnings for your State's specific wording.

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute.

Signature of owner(s) of above named animal _____

Date (must be no more than 30 days prior to policy effective date) _____

Form Submission Options:

E-Mail: larry@larryviegasinsurance.com Fax: 916.784.6976 Questions? Contact Larry Viegas Insurance at 888.784.1655