

10234 Shelbyville Road #2A  
 Louisville, Kentucky 40223  
 www.independentequineagents.com

**INDEPENDENT EQUINE AGENTS**  
**EQUINE INSURANCE APPLICATION**  
**THIS IS NOT A BINDER**

502-245-6878 / 800-346-8880  
**FAX 502-245-9698**  
 info@independentequineagents.com

New Business  Renewal of Policy \_\_\_\_\_  Add to Policy \_\_\_\_\_  
**IMPORTANT:** No application will be considered if not fully completed and signed by the Insured within 20 days of inception.  
 Coverage is considered as "applied for" when the applicant has signed and dated this form.

|                   |   |
|-------------------|---|
| NAME OF APPLICANT | POLICY PERIOD REQUESTED: (12:01am Standard Time) From _____ To _____  |
| E-Mail Address:   | COVERAGE(S) DESIRED *Not all endorsements are available on every horse, please check with your agent.<br><input type="checkbox"/> Mortality <input type="checkbox"/> Major Medical <input type="checkbox"/> Others: |
| STREET ADDRESS:   | BILLING METHOD: <input type="checkbox"/> In Full Payment <input type="checkbox"/> Installment Plan  |
| CITY/STATE/ZIP:   | PHONE NUMBERS: Cell Phone ( ) Day ( )   |

**\*AMOUNTS OF INSURANCE IN EXCESS OF PURCHASE PRICE ARE SUBJECT TO COMPANY ACCEPTANCE. VALUE SUBSTANTIATION MUST BE PROVIDED.**

| NAME OF ANIMAL AND REGISTRATION#<br>(PHOTO REQUIRED FOR UNREGISTERED ANIMALS) | DATE OF BIRTH | SEX | BREED | USE | DATE OF PURCHASE | PURCHASE PRICE | REQUESTED AMOUNT |
|---|---------------|-----|-------|-----|------------------|----------------|------------------|
| 1.  |               |     |       |     | / /              |                |                  |
| 2.  |               |     |       |     | / /              |                |                  |

\*\*STABLE & TRAINER NAME, ADDRESS, PHONE & EMAIL: \_\_\_\_\_

- Percent of ownership Give name and \_\_\_\_\_  
 100% or  % address of \_\_\_\_\_  
 other owner(s) \_\_\_\_\_
- Was purchase price paid by cash, trade or both \_\_\_\_\_  
 Transaction details: \_\_\_\_\_
- Are animals financed or leased?  YES  NO  
 Name and address of Loss Payee: \_\_\_\_\_
- Are animals healthy and capable of performing intended use?  YES  NO  
 If no, describe: \_\_\_\_\_
- Has animal been treated for an accident, illness, lameness or colic in the last 3 years?  YES  NO If yes, provide details: \_\_\_\_\_
- Are animals on a vaccination and worming program supervised by a vet?  
 YES  NO If no explain: \_\_\_\_\_
- Are animals now insured?  YES  NO Previously insured?  YES  NO  
 If yes to either, what company and amount insured: \_\_\_\_\_
- Has any company cancelled or refused to renew your coverage?  YES  NO  
 If yes, give company, date and reason given for company action \_\_\_\_\_

- Has any horse owned by you died in the past three years?  YES  NO If yes cause of death \_\_\_\_\_  
 Was there insurance?  YES  NO If yes, what company \_\_\_\_\_
- Are you insuring other horses with another company?  YES  NO
- Name and telephone number for your regular veterinarian: \_\_\_\_\_
- How long has this veterinarian treated the horse(s)? \_\_\_\_\_

\* Health statement: Is acceptable for horses valued at \$50,000 or less, age 31 days of age through 15 years old, not requesting Loss of Use of coverage and horses that have not had any illness, injury, lameness, disease or surgery in the past twelve months. A satisfactory veterinarian certification is required for all others.

**DECLARATION OF HEALTH**

The undersigned, hereby affirms that the animal(s) above are in good health and have not had any illness, injury, surgery or loss of foal (if broodmare) during the past 12 months, and has NEVER had a bowel resection, to the best of my knowledge and belief. I understand that Underwriters are issuing insurance in reliance upon the information I am now disclosing.

Exceptions: \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material there to, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

\*I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which that application was accepted or the policy issued.

|                              |           |
|------------------------------|-----------|
| APPLICANT'S SIGNATURE: _____ | DATE: / / |
|------------------------------|-----------|