

Desired Effective Date: _____

Payment Plan Desired: Yes No

* installment fees will apply



Independent Equine Agents

10234 Shelbyville Road, Ste 2A

Louisville, KY 40223-2978

Phn: (502) 245-6878 or (800) 346-8880

Fax: (502) 245-9698

Email: info@independentequineagents.com

Applicant Information:

Full Name: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Coverage Desired:

- Full Mortality & Theft
- \$10,000 Major Medical
- \$15,000 Major Medical
- \$ 7,500 Medical Assistance
- Surgical Only Coverage
- Colic Specific
- Loss of Use
- Accident, Sickness & Disease (Stallion Infertility)
- Specified Perils

Horse's Name (if unnamed list sire & dam)	Reg No.	Age	Breed	Sex	Exact use
Date Acquired	Acquired From	Purchase Price	Amt of Coverage Desired	Rate	

- Is the animal financed or leased or are there any other owners? Yes No. If yes, please provide the name & address. _____
- Is there any other insurance on the animal? Yes No. If yes, provide details: _____
- Was the purchase price Cash, Trade or both? If a trade was involved, please provide the name of the animal traded and the amount of cash paid: _____
- Is the horse healthy and capable of performing its intended use? Yes No. If no, explain: _____
- Where is the horse stabled? _____
- Name of your usual veterinarian: _____
- Has the animal been sick or injured during the past twelve months or seen by your veterinarian for other than routine care, including but not limited to; conformational problems/defects, lameness, laminitis/founder, OCD, neurological disorders, navicular disease or DJD Yes No. If yes, please provide details, including dates and treatment given: _____
- Has the horse had any colic or gastrointestinal disorder within the past 24 months? Yes No If yes, please provide the date and treatment given: _____
- Has the horse been nerved or received any surgical treatment for lameness? Yes No. If yes please provide details: _____
- Has the horse undergone diagnostic ultrasound or x-rays within the past 36 months? Yes No. If yes, provide date and findings: _____
- Has the horse received any injections or medication (long or short term) in the past twelve month? Yes No. If yes, provide details: _____
- Has any insurance company ever rejected an application for insurance, cancelled or non-renewed your coverage? Yes No. If yes, explain: _____
- For Quarter Horses, Appaloosa & Paints ONLY:** Does the horse have any ancestor known to carry HYPP? Yes No. If yes, please indicate HYPP status: N/N N/H H/H

I declare that to the best of my knowledge and belief that the animal or animals listed above are in normal, healthy, sound condition. I further declare that to the best of my knowledge, the above listed animals have been free from any ILLNESS, INJURY DISEASE OR ACCIDENT. I, the undersigned, hereby apply to insure the above mentioned animals, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief the above statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should be a policy issued and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Date: _____ Signature of Applicant: _____

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Statement of Health
www.independentequineagents.com

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Applicant Name: _____

Horses' Names

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Have any of the horses listed above exhibited, been diagnosed or been treated for;

- | | | |
|--|------------------------------|-----------------------------|
| 1. Any lung or respiratory problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any heart trouble (heart murmur, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any disorder of the kidney, bladder or urinary system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any disease of the eyes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any blood disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Any abnormal pulse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Temperatures above or below normal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Any bleeding on exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Navicular Disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Any condition requiring blistering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Colic or digestive upset? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Is there any lameness, unsoundness of limb or faulty conformation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Any accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Any condition that required surgery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Any arthritic joint conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Any infection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Laminitis or founder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. As being in foal (state expected foaling date below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Any past breeding or foaling problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. If male, any disease or injury to testicles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Any vices or objectionable habits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Any contagious diseases or property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Any other condition that required medical or surgical attention? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain any "yes" answers: _____

I declare the above animals are owned by me, and I declare the above animals to be in good health and condition, and warrant the truth of the above statements. I agree that this application, if accepted by the Company, shall be the basis of the contract, and if anything be falsely stated or information withheld to influence the Company's decision, the insurance contract shall be null and void. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature: _____ **Date:** _____