



## 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

### Renewal Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone; Primary: \_\_\_\_\_ Email: \_\_\_\_\_

Pay Plan Desired:  Annual  Installments

Coverage Desired:  Renew as expiring (or select coverage desired below)

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

Name of Horse	Sex	Age	Breed	Use	Amount of Insurance	Rate

1. Are all horses listed sound and healthy for intended use?  Yes  No
2. Does any horse listed have any conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, Cushings, OCD, neurological disorders, navicular disease or degenerative joint disease?  Yes  No
3. Has any horse listed had any colic or intestinal disorder within the past 12 months?  Yes  No
4. Has any horse listed been nerved or received any surgical treatment for lameness?  Yes  No
5. Has any horse listed been examined or treated by a veterinarian for other than routine care within the past year?  Yes  No
6. Has any horse listed undergone any diagnostic ultrasound or radiographs within the past 12 months?  Yes  No
7. Does any horse listed receive any type of medication or preventative treatments that are not routine show maintenance or routine health maintenance?  Yes  No
8. If YES was answered to any question 2 through 7, please provide details below including date of injury, treatment given and current status:

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I declare that to the best of my knowledge and belief that the animals listed above are in normal, sound condition. I further declare that during the past policy year, the above listed animal has been free from ANY illness, injury, disease or accident. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything were falsely stated, or information withheld to influence the company's decision, the insurance contract will be null and void.

Date	Signature of Applicant

10234 Shelbyville Road, Ste 2A  
Louisville, Kentucky 40223  
info@independentequineagents.com

**Independent Equine Agents**  
**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:** \_\_\_\_\_