



Renewal Application

Name and Address of Owner: _____

Business Telephone: () _____
 Home Telephone: () _____
 Fax Telephone: () _____
 Broker's Name: _____
 Last Year's Policy Number: _____
 Desired Effective Date: _____

| Name of Horse | Breed | Sex* | Exact Use | Level | Date of Birth | Purchase Date | Purchase Price | Insured Amount** † |
|---------------|-------|------|-----------|-------|---------------|---------------|----------------|--------------------|
| A. | | | | | | | | |
| B. | | | | | | | | |
| C. | | | | | | | | |
| D. | | | | | | | | |

*G-Gelding, M-Mare, S-Stallion

** If requested value exceeds the purchase price, please provide explanation of value (i.e. competition record, appraisal, training, etc.)
 † Insured amount should not exceed the horse's current fair market value.

Loss Payee or Additional Insured Name: _____
(Please indicate on which horses Loss Payee or Additional Insured Name applies.)

1. Is the horse(s) currently sound and healthy for the use intended? Yes No
2. For all Quarter Horses, Appaloosas, or Paint horses.
 Does any horse have an ancestor known to carry HYPP? Please indicate "Yes" or "No" for each horse.
 If "Yes" is answered for any horse, please indicate the HYPP status (N/N, N/H, H/H) for each horse.
(Note: Coverage will not be considered without the disclosure of HYPP status.)
3. Does the horse(s) have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative joint disease? Yes No
4. Has the horse(s) had any colic or intestinal disorder within the last 36 months? Yes No
5. Has the horse(s) been nerved or received any surgical treatment for lameness? Yes No
6. Has the horse(s) been examined or treated by a veterinarian for other than routine care within the last year? Yes No
7. Has the horse(s) undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No
8. 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
9. Does the horse(s) receive any other medications/supplements? Yes No
10. Are there any other current or prior health conditions to which the horse(s) has been exposed? Yes No

If the answer to question 1 is "No" for any horse, please indicate the horse and provide details below. If "Yes" was answered to any question 3 through 10, please indicate the horse and provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work.

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature of owner (s) of above named animal _____ Date: _____
(must be no more than 30 days prior to policy effective date)

| Horse: | A | B | C | D | Additional Coverages Available |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Major Medical/Surgical (annual limit \$7,500, not to exceed the horse's insured mortality limit) – Premium is Fully Earned. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Major Medical/Surgical (annual limit \$10,000) – Premium is Fully Earned. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Surgical Only – Premium is Fully Earned. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | External Injury Only Loss of Use (Plan B) |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stallion Infertility for A, S & D |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Third Party Liability |

Standard mortality policy includes Colic Surgery Coverage, Guaranteed Extension, and Value Endorsement.