



# EQUINE INSURANCE

A Division of Parker General Insurance Services  
California Insurance License #0545437  
211 S. Glendora Ave. Ste. B  
Glendora, CA 91741  
(800) 321-5723 Fax: (626) 963-0606

## LIVESTOCK MORTALITY APPLICATION - This is Not a Binder

Name and Address of Applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business/Day Telephone: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Fax Telephone: \_\_\_\_\_  
Brokers Name: Equine Insurance #362

Desired Effective Date: \_\_\_\_\_

Name of Horse	Breed	Sex	Exact Use	Level	Date of Birth	Purchase Date	Purchase Price	Insured Amount
A.								
B.								

\*If requested value exceeds purchase price, please provide explanation of value (i.e. competition record, training, etc.)

Coverage Desired:  Mortality     Major Medical \$ \_\_\_\_\_ Limit/Deductible: \$ \_\_\_\_\_     Surgical     Loss of Use

- Are you the sole owner of the horses? List any other party, bank, or lien holder to be named on the policy.
- Address where horses will be stabled?
- Are the horses sound and healthy for the use intended?
- 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 HYPP status (N/N,N/H,HH).
- Give full particulars of any past or present confirmation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: OCD, neurological disorders, navicular disease, and/or degenerative joint disease.
- Has the horse been nerved or received any surgical treatment for lameness? If yes, explain.
- Has the horse ever had colic or intestinal disorder? If yes, please provide date, if surgery was performed, and if there was a resection.
- Has the horse been examined or treated by a vet for other than routine care? If yes, explain.
- Has the horse received any joint injections? If yes, please specify joints injected, dates and reason for injections.
- Has any horse been treated for hoof problems, founder/laminitis, or rotation of the coffin bone?
- Has the horse received any type of medication/supplements, long or short term, or any preventative treatments in the last 12 months?
- Will any horse be outside the United States or Canada during the coverage period? If yes, please provide location and dates.
- Name of previous Insurance Company, if any. If yes, were any claims files and what was the expiration date.
- Has any Insurance Company ever cancelled a policy or rejected an application on the horse above? If yes, please explain.
- Do you understand that immediate notice must be given to the Company upon any injury, illness, operation, disease, or death of an insured horse? Yes \_\_\_\_\_(Check)

### Statement of Condition and Declaration

I declare to the best of my knowledge and belief that the animal listed above is in normal, healthy and sound condition and has been free of any ILLNESS, DISEASE, INJURY OR ACCIDENT. I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the Policy to be issued, and I declare to the best of my knowledge and belief that the above statements are true and complete and that I have not withheld any information.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_  
(must be no more than 30 days prior to the policy effective date)