Wilson&Cunningham West
INSURANCE AGENCY

Equine Mortality Application

Name and Address of Owner:

_____

_____

_____

_____

Business Telephone: ( ) _____

Home Telephone: ( ) _____

Fax Telephone: ( ) _____

Email: _____

◆ Desired Effective Date: _____

◆ *Approval of date by Company is subject to receipt of satisfactory underwriting information, application and health certificate.*

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 recent purchase price, please provide explanation of value (i.e. competition record, training, etc.)*

✦ Insured amount should not exceed the horse's current fair market value.

1. Are you the sole owner of the horses? If not, list owners.

2. List any other party, bank, or lienholder to be named in the policy.

3. Address where horses will be stabled?

4. Are the horses healthy and sound for the use intended?

5. 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.)

6. Has any horse had any past or present conformation 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? If yes, please provide detailed explanation.

7. Has any horse been nerved or received any surgical treatment for lameness? If yes, explain.

8. Has any horse had any colic or intestinal disorder past or present? If yes, explain.

9. Has any horse been examined or treated by a veterinarian for anything other than routine care? If yes, explain.

10. Has any horse undergone diagnostic ultrasounds, X-rays, or bone scans? If yes, why, and what were the results?

11. Has any horse received any joint injections? If yes, please specify joints injected, dates, and reasons for injections.

12. Has any horse received any type of medication long or short term, or any preventative treatments in the last 12 months? If yes, please provide detailed explanation.

13. Does any horse receive any other medications/supplements? If yes, please provide detailed explanation.

14. Has any horse been treated for hoof problems, founder/laminitis, or rotation of the coffin bone?

15. Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months?

16. Name of previous Insurance Company, if any.

17. Has any insurer ever declined, imposed restrictions, or refused to renew your horse insurance? If yes, give details.

18. Have you filed insurance claims in the past three years for any of the proposed horses? If yes, please state name of company, name of horse, and amount paid.

19. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the company's acceptance of the proposed risk?

20. 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)

21. State name, full address, and phone number of your usual veterinarian for the horses proposed.

22. State name and full address of your usual equine hospital or referral center.

23. Will any horse be outside the continental United States or Canada during the coverage period? If yes, give details including dates and locations for coverage consideration. *(Note: If any horse may later travel outside the continental United States or Canada, the company needs prior written notification for coverage consideration.)*

PERFORMANCE RECORD FOR LAST 12 MONTHS *(Attach separate sheet if necessary.)*

Name of Horse	Show / Competition	Date	Class / Division	# of Horses	Placing	Winnings

FOALS

Name of Foal	Sex	Sire	Dam	Foaling Date	Any Complications?

PREGNANT MARES

Name of Mare	Due Date	Stud Fee Paid	Year of last foaling	Mare's Foaling Record *(Attach separate sheet if necessary.)*

STALLION QUESTIONS

In respect of each of the stallions, state: Stallion Name(s): / /

Previous Season			
Breeding season start and end dates			
Stud fee			
Is stud fee due prior to or after foal is born?			
Live Foal Guarantee?			
Pasture bred, in-hand live cover, or AI?			
Number of mares bred			
Number of mares settled			
Current / Upcoming Season *			
Breeding season start and end dates			
Stud fee			
Is stud fee due prior to or after foal is born?			
Live Foal Guarantee?			
Pasture bred, in-hand live cover, or AI?			
Number of mares bred to date			
Number of mares settled to date			
Number of foals born to date *(from previous season's breedings)*			
Number of mares still due to foal *(from previous season's breedings)*			
Amount earned in current season to date			
Bookings for remainder of current season			
Bookings for upcoming season			

Mortality coverage desired. (Please indicate horse by A, B, C, or D.)

☐ Full Mortality Coverage – Horses:_____ ☐ Named Perils Coverage – Horses:_____

Please add the following coverages to my mortality policy. (Please indicate horse by A, B, C, or D.)

_____ Major Medical and Surgical *(annual limit $7,500, not to exceed the horse's insured mortality limit)*
_____ Major Medical and Surgical *(annual limit $10,000)*
_____ Major Medical and Surgical *(annual limit $15,000)*
_____ Surgical Only – Premium is Fully Earned.
_____ Colic Medical and Surgical Coverage – Premium is Fully Earned.
_____ Full Loss of Use *(Plan A)*
_____ External Injury Only Loss of Use *(Plan B)*
_____ Stallion Infertility for A, S & D
_____ Third Party Liability
_____ Territorial Limits Including Transit *(Must complete question 23 above.)*

Additional information or comments: _____

DECLARATION

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 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 a policy be 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 owner(s) of above named animals *(must be no more than 30 days prior to policy effective date)*