

INDEPENDENT EQUINE AGENTS

10234 SHELBYVILLE ROAD #2A
 LOUISVILLE, KY 40223
 www.independentequineagents.com

APPLICATION FOR LIVESTOCK INSURANCE THIS IS NOT A BINDER

(502) 245-6878
 1-800 346-8880
 (502) 245-9698 FAX

IMPORTANT: No application will be considered if not fully completed and signed by the Assured and Veterinarian within 30 days of inception. VETERINARIAN MUST COMPLETE AND SIGN REVERSE SIDE FOR MORTALITY COVERAGE.

NAME OF APPLICANT:	SOCIAL SECURITY NUMBER	COVERAGE REQUIRED: <input type="checkbox"/> Mortality \$ _____ <input type="checkbox"/> Major Medical \$ _____ <input type="checkbox"/> Surgical \$ _____ <input type="checkbox"/> Other \$ _____	POLICY PERIOD: From _____ To _____ Noon STD Time
ADDRESS:	OCCUPATION:		
CITY STATE ZIP:	PHONE NUMBER: Day _____ Night _____		

NAME AND REGISTRATION/TATTOO NUMBER*	BREED	SEX**	DATE OF BIRTH	EXACT USE	DATE ACQUIRED	ACQUIRED FROM NAME AND ADDRESS	PURCHASE PRICE	AMOUNT INSURED***	RATE (CO. USE)
1) SIRE/DAM									
2) SIRE/DAM									

*A photograph is required for unregistered animals **Use these codes: M-Mare, S-Stallion, F-Filly, C-Colt, G-Gelding ***Amounts other than purchase price are subject to Company acceptance - see reverse side

1. Are you the sole owner? _____ If no, list owners and addresses. _____
2. Was purchase price paid by cash, trade or both? Give particulars. _____
3. Are any animals financed or leased? _____ If yes, give particulars. _____
4. Name/Address of Loss payee: _____
5. Where animals are kept (barn, track, pasture, other)? _____
6. Name/Address/Telephone of usual trainer and farm manager. _____
7. Are animals healthy and capable of performing intended use? _____ If no, describe. _____
8. Has animal ever been treated for accident, illness or lameness? _____ If yes, give date and description of treatment. _____
9. How frequently was animal wormed during past year? _____ Method used: _____
10. Vaccinated?: _____ Types _____ Vaccinated for West Nile Virus in last year? _____
If not - no coverage for loss due to West Nile Virus.
11. Are animals now insured? _____ Previously insured? _____ If yes to either, what company and amount insured? _____
12. Has any company canceled or refused to renew your coverage? _____ If yes, give company, date and reason given for company action (Does not apply to Missouri residents) _____
13. Has any horse owned by you died in the past three years? _____ If yes, state cause(s) and date (s). _____
14. Are you insuring other horses with another company? _____ If yes, how many? _____
How are they used? _____
15. Name/Address/Telephone of your regular vet. _____
16. How long has vet treated the horse(s)? _____

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or policy issued.

APPLICANT'S SIGNATURE _____	DATE / /
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FOR MORTALITY COVERAGE, VETERINARIAN MUST COMPLETE AND SIGN EXAMINATION ON REVERSE SIDE