

Complete the information below and send back via email, mail, drop off at office, or night drop box for a quote.



I'm interested in an Equine Mortality Insurance Quote!

Your Name: _____

Cell Phone: _____

Mailing Address: _____

Email Address: _____

Loss Payee: _____

Add'l Info: _____



#1 ANIMAL INFORMATION

HORSES NAME: _____ DOB: _____ SEX: _____

BREED: _____ USE: _____ ADD'L INFO: _____

PURCHASE PRICE: _____ DATE OF PURCHASE: _____

DESIRED INSURED VALUE: _____ (justification possible)

ANY KNOWN HEALTH ISSUES? _____

ADD'L COVERAGE: _____



#2 ANIMAL INFORMATION

HORSES I NAME: _____ DOB: _____ SEX: _____

BREED: _____ USE: _____ ADD'L INFO: _____

PURCHASE PRICE: _____ DATE OF PURCHASE: _____

DESIRED INSURED VALUE: _____ (justification possible)

ANY KNOWN HEALTH ISSUES? _____

ADD'L COVERAGE: _____

****Surgical and Major Medical option cannot exceed the insured value of the horse**

ONE Option Available Per Horse:

MORTALITY VALUE \$15,000 and Under: \$10K Life Saving Surgery, \$5000 Surgical, \$7500 Surgical, \$15K Surgical
Major Medical Platinum - \$1000 Deductible, No Co-pay \$5000, \$7500, 10,000, or \$15,000

MORTALITY VALUE ABOVE \$15,000: \$10K Life Saving Surgery, \$5000 Surgical, \$7500 Surgical, \$15K Surgical
Major Medical Platinum With \$1000 Ded. OR \$500 Ded. OPTIONS No Co-pay \$5000, \$7500, 10,000, or \$15,000

Please answer questions below and explain any YES answered questions in the space below:

1. Is there any other insurance applying to horse(s) listed? ☐ No ☐ Yes
2. Does anyone else have any interest in the horse(s) listed above? ☐ No ☐ Yes
3. Has any insurance company cancelled or declined similar insurance? ☐ No ☐ Yes
4. Has any of the listed horse(s) had any illnesses, disease, lameness, injury, accident, or physical disability in the past 2 years? ☐ No ☐ Yes
5. Has there been any contagious or infectious disease where the horse(s) are stabled during the past year? ☐ No ☐ Yes
6. Has any horse(s) in your care of ownership died in the past 24 months? ☐ No ☐ Yes
7. Has horse(s) been vaccinated against West Nile Virus? ☐ No ☐ Yes
8. Mares: in foal? ☐ No ☐ Yes to whom _____ Stud Fee Paid \$ _____
9. Stallions: A- Present Stud Fee \$ _____ B- No of Bookings this Season _____
C- No. of mares serviced last year _____

Remarks/Comments/ShowRecords: _____

Payplan Option Desired: ☐ Full Pmt ☐ Quarterly (if Available) ☐ Auto Pay (If Applicable)

Please note that if a policy is issued, all policies and invoices are sent electronically; remember to provide an email address.
If this is unsatisfactory, please contact our office.

I understand this is not an application, nor a binder, but merely a fact finder to gather information to receive a quote.

Initial _____

Signed _____

Dated _____