

LILLEMAN INSURANCE

Equine Application & Statement of Condition

Today's Date: _____

Desired Effective Date: _____

Equine Application

Applicant Information:

Name(s) _____
 Address _____ City _____ State _____ Zip _____
 Phone #1 _____ Phone #2 _____ Email _____
 Is this..... New Business Renewal Additional Coverage Current Policy # _____

Coverage Desired:

Full Mortality / Theft Major Medical \$15,000 Colic \$5,000 Loss of Use
 Major Medical \$12,500 Colic \$10,000 Surgical
 Major Medical \$10,000 Medical Assistance \$7,500 Stallion Infertility
 Major Medical \$7,500 Accident, Sickness & Disease
 Major Medical / Medical Assistance Co-Insurance: 20% Co-Insurance No Co-Insurance
 Major Medical Deductible: \$500 \$1,000
 Specific Perils: _____

Not all coverage options are available on all policies

Horse Information:

1	Name of Horse	Sire	Use	Sex	Purchase Price / Stud Fee	Desired Insured Amount
	Breed / Registration #	Dam	DOB	Date Purchased	Other Comments:	
2	Name of Horse	Sire	Use	Sex	Purchase Price / Stud Fee	Desired Insured Amount
	Breed / Registration #	Dam	DOB	Date Purchased	Other Comments:	

Note: Information for Horse 1 and 2 below should correspond with Horse 1 and 2 above.

		Horse 1		Horse 2	
		Yes	No	Yes	No
1	Is applicant the sole owner of the horse(s) above? If no, provide ownership information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are Horses listed herein financed? If yes, provide lender information & terms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is the horse leased? If yes, provide lease terms, &/or amount of annual lease by attaching copy of lease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is the horse currently or previously insured? If yes, to either question, provide company name, effective date & amount insured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Has any company cancelled or refused to renew your coverage? If yes, provide company name, date & reason for company action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Purchased at <input type="checkbox"/> Private Sale <input type="checkbox"/> Public Auction ... Purchase price was paid by <input type="checkbox"/> Cash <input type="checkbox"/> Trade <input type="checkbox"/> Both If purchased by Trade or Trade/Cash, provide details.	-	-	-	-
7	Address where the horse is usually stabled.	-	-	-	-
8	Name, address & telephone number of the usual keeper of the horse or trainer.	-	-	-	-

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Note: Information for Horse 1 and 2 below should correspond with Horse 1 and 2 above.

		Horse 1		Horse 2	
		Yes	No	Yes	No
9	Name, address & telephone number of the regular veterinarian. _____ _____	-	-	-	-
10	Is mare in foal? If yes, provide name of stallion & stud fee paid. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	To your knowledge, has the horse suffered an accident, sickness or disease in the last 12 months? If yes, provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	To your knowledge, has the horse suffered an accident, sickness or disease in the last 36 months other than in response to # ___? If yes, provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Has horse ever had colic? If yes, how often _____. Provide cause & date of attack _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Has the horse been wormed and vaccinated regularly? If yes, provide frequency. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Information for Horse 1 and 2 below should correspond with Horse 1 and 2 above.

	<u>Statement of Condition</u>	Horse 1		Horse 2	
		Yes	No	Yes	No
15	Is the horse currently sound and health for use intended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Has the horse had any colic &/or intestinal disorders within the last 36 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	• If surgical correction was made was there a resection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Does the horse have any confirmational problems or defects, illness of disease, lameness, or injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease &/or Degenerative disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Has the horse been nerved or received any surgical treatment for lameness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Has the horse been examined or treated by a veterinarian for other than routine care within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Has the horse undergone diagnostic ultrasound &/or x-rays within the last 36-months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Has the horse received any joint injections, any type of medical long or short term or preventative treatments in the last 36-months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	For all Quarter Horses, Appaloosas or Paints: Does the horse have any ancestor known to carry HYPP? If "YES" was answered to any questions 16 through 23 please provide details below: _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Condition: I declare to the best of my knowledge and belief that the horse or horses listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed horses have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything, be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Declaration: I the undersigned, hereby apply to insure the above-named horses owned by me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief 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.

Applicant's Signature: _____

Date: _____

