

**Taylor Harris Insurance Services**  
 PO Box 449  
 Middleburg, VA 20118  
 Phone – 800.291.4774  
 Fax – 540.253-7780

**EQUINE APPLICATION**

**NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED**

Desired Effective Date:

- |  |                                 |
|--|---------------------------------|
| 1. Name of Applicant:  | Coverage Desired (Please check) |
| 2. Address:  | A. Full Mortality               |
| 3. Telephone/email address   | Major Medical \$10,000.00       |
| 4. New Business    Renewal    Additional Coverage                    | Major Medical \$15,000.00       |
|  | Surgical \$10,000.00            |
| 5. Are any of the animals listed herein financed or leased?          | Colic \$10,000.00               |
| 6. Is there any other insurance on any of the animals listed herein? | Transit                         |
| 7. Chiefly kept on premises known as;                                | European Extension              |
| 8. Name and address of trainer:                                      | B. Named Perils                 |
|  | Optional Perils                 |

1	Name:		Use	Sex	Purchase Price:	Amount Desired	Premium
	Breed:		H	DOB	Purchase Date	Rate	Major Med
2	Name:		Use:	Sex	Purchase Price:	Amount Desired	Premium
	Breed:			DOB	Purchase Date	Rate	Major Med
3	Name:		Use:	Sex	Purchase Price:	Amount Desired	Premium
	Breed:			DOB	Purchase Date	Rate	Major Med

9. If mare in foal, name covering stallion & stud fee paid.                      If raised foal, give stud fee.
10. Has any animal above named been afflicted with any disease or sickness or received any hurt or injury in the past 12-month period?
11. If so, give particulars.
12. Are eyes, legs and feet of every animal named above in normal condition?
13. Has any animal named above ever had colic or indigestion?                      If so, how often?  
 \*\*\*\*\*                      When was the last attack?                      Give cause of attack, if known \_\_\_\_
14. How many animals did you lose by death in the last 3 years?                      Cause of Death?
15. Purchase price: If any part trade, state what is consisted of, and state what amount of cash was paid.
16. Do you understand that it is required under the policy to give **IMMEDIATE** notice by telephone of any **ILLNESS, INJURY, DISEASE OR DEATH** or your claim may be denied, and do you agree to do so?
17. Has any company ever rejected an application for insurance or cancelled a policy on any of the herein described animals?

**STATEMENT OF CONDITION**

I declare to the best of my knowledge and belief that the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals 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 mentioned animals 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.

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

**Please fax signed application to 540.253-7780**