

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:
2. Address:
3. Telephone/email address
4. New Business Renewal Additional Coverage
5. Are any of the animals listed herein financed or leased?
6. Is there any other insurance on any of the animals listed herein?
7. Chiefly kept on premises known as;
8. Name and address of trainer:

Coverage Desired (Please check)

- A. Full Mortality
- Major Medical \$10,000.00
 - Major Medical \$15,000.00
 - Surgical \$10,000.00
 - Colic \$10,000.00
 - Transit
 - European Extension
- B. Named Perils
 Optional Perils

1	Name:	Use:	Sex	Purchase Price:	Amount Desired	Premium
	Breed:		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