

Desired Effective Date** _____ **Coverage cannot be bound if the APP/SOC or VC are received outside of business hours (Mon-Fri: 9-4, EST) – payment must accompany to start coverage

1. Name of Applicant _____ your birthdate: _____
 cannot be held by minor – parent/guardian must also be listed

2. Address _____

3. Phone number _____ email: _____

4. Are any of animals listed financed? Yes No Is yes, give amount and to whom due (give address) _____

5. Is there any other insurance on any of the animals listed herein? Yes No _____

6. Name/Address of boarding facility (include contact name) _____

7. Name and address of trainer _____

****SEX: Indicate M for mare; F for filly; C for colt; S for stallion; or G for gelding**

	Name of Animal	Sire	Specific Use	Sex*	Purchase Price	Amount Desired
1	Breed	Dam		DOB	Date Purchased	

	Name of Animal	Sire	Specific Use	Sex*	Purchase Price	Amount Desired
2	Breed	Dam		DOB	Date Purchased	

	Name of Animal	Sire	Specific Use	Sex*	Purchase Price	Amount Desired
3	Breed	Dam		DOB	Date Purchased	

8. If mare in foal, name covering stallion _____ & stud fee paid _____ If raised foal, give stud fee \$ _____

9. If any horse is a Quarter Horse, Paint, Appaloosa, is it of the Impressive bloodline? Yes No If so, what is the result of the HYPP test? _____

10. Has any animal above been afflicted with any disease or sickness or received any hurt or injury in the past 12 month period? Yes No If yes, attach particulars.

11. Is any animal named above to be used as a jumper, eventer or for racing? Yes No If so, explain use (for eventing, indicate level) _____

12. Are eyes, legs and feet of every animal named above in normal condition? Yes No If no, attach particulars.

13. Has any animal named above ever had colic or indigestion? Yes No If so, how many times? _____
 When was 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? _____
 Date of Death _____ Insured amount paid \$ _____ How many other animals of this type do you own? _____

15. Was purchase price cash, trade or both? If any part trade, state what it consisted of and what amount cash was paid _____
 If this is not a current purchase, why are you insuring the horse at this time _____

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? Yes No

17. Has any company ever rejected an application for insurance or cancelled a policy of any of the herein described animals? Yes No If yes, please Explain _____

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 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: _____

FRYS EQUINE INSURANCE AGENCY INC.

P.O. BOX 820, GROVE CITY, OH 43123 phone 800-842-9021 fax 614-875-1549

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining veterinarian to the best of his ability as a licensed veterinarian. The completed certificate is valid for 14 days from the examination date.

I, _____, do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____ and that I have this day examined:

Name: _____

Age Color Sex Breed

Name: _____

Age Color Sex Breed

Owned by _____

Name		Y	N	Address	City, State	Y	N	Zip
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of Colic?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of nerving?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has horse been castrated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has any surgery been performed on the horse?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If mare, is she reported in foal?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of laminitis / founder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If male are both testicles evident?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Y N Y N

Pulse and respiration normal? Y N History of Colic? Y N

Temperature normal? Y N History or evidence of nerving? Y N

Eyes clinically normal? Y N Has horse been castrated? Y N

Heart auscultated? Y N Has any surgery been performed on the horse? Y N

History or evidence of bleeder? Y N If mare, is she reported in foal? Y N

History of laminitis / founder? Y N If male are both testicles evident? Y N

Date last wormed _____ How often wormed _____ For new foals: IGG LEVELS _____

If any surgery has been performed, describe type of surgery & date: _____

If surgery has been performed, has horse fully recovered? Yes No If no, please give details _____

Is there any likelihood of future danger to life or limb as a result of such surgery? Yes No If yes, please give details _____

Any lameness or faulty conformation or other abnormal conditions? Yes No If yes, please give details _____

Is the stabling adequate? Yes No If no, please give details _____

Is there evidence of vices or objectionable habits? Yes No If yes, please give details _____

In your opinion or to your knowledge are there any medical facts that should be disclosed to the company? Yes No If yes, please give details _____

Are you the regular veterinarian for this horse or client? Yes No If no, please give details _____

EXCEPT HAS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HORSE IS, EXCEPT AS NOTED, SOUND.

REMARKS: _____

Signed: _____ Date of Exam _____

Address: _____ Phone: _____ Fax: _____



To pay your premium by
FAX 614-875-1549

EMAIL info@FrysEquineInsurance.com

complete and sign this form and return it via
or MAIL

Cardholder Name: _____

Policyholder (if different): _____

Billing address (include zip): _____

Card Number: _____

Security Code: _____ (found on back of card)

Expiration date: _____ Payment Amount: \$ _____

Invoice # _____ (if applicable)

person authorizing charge to above account: _____ Date: _____

FRY'S EQUINE INSURANCE AGENCY INC., P.O. Box, 820, Grove City, OH 43123 * 800-842-9021

PLEASE NOTE: all payments will be processed by Great American Insurance

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

If you wish to pay from your checking account, you can attach your completed check here or complete the requested information:

Name of Account:

Bank Name:

Bank Routing Number:

Checking Account: Number:

Amount: \$

I give Great American Insurance the authorization to electronically transfer funds from the above account. I am verifying by my signature below that there are funds available for this transfer.

person authorizing charge to above account: _____

Date: _____