

Policy cannot be held solely by a minor – A parent/guardian must also be named insured

Desired Effective Date** _____

****Coverage cannot be bound if the APP/SOC or VC is received outside of business hours (Mon-Fri: 9-5, EST) – payment must accompany to start coverage**

1. Name of Applicant _____ Birthday _____
2. Address _____
3. Telephone number _____ E-Mail Address _____
4. Are any of the animals listed herein financed? Yes No Is so, state amount, when and to whom due (give address) _____
5. Is there any other insurance on any of the animals listed herein? _____
6. Name/Address of boarding facility (include contact name) _____
7. Name and address of trainer _____

Coverage Desired (please check):

- Full Mortality Named Perils
 Major Medical Optional Perils
 Surgical
 Full Loss of Use Short-term Coverage
 Acc Loss of Use 30 days 60 days
 ASD 90 days 2-weeks

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

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

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, is it of the Impressive bloodline? Yes No If so, what is the result of the HYPP test? _____
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? Yes No
 If yes, give particulars _____
11. Is any animal named above to be used as a hunter/jumper/eventer or for racing? Yes No If so, explain use _____
12. Are eyes, legs and feet of every animal named above in normal condition? Yes No If no, explain _____
13. Has any animal named above ever had colic or indigestion? Yes No If so, how often? _____
 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 state what amount 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? 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 Address City, State Zip

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

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: _____