

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

**Coverage(s) to ADD to MORTALITY (check):**  
 Maj Med 10K (\$375)  Maj med 15k (\$475)   
 Surgical 10K (\$150)  Colic only \$10k (\$150)

2. Address \_\_\_\_\_

ASD stallion fert.  **Short-term Coverage**  
 Full Loss of Use  30 days 60 days  
 Acc Loss of Use  90 days 2-weeks

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: \_\_\_\_\_

**STATEMENT OF CONDITION FOR RISKS VALUED AT \$100,000 OR LESS**

NAMED INSURED: \_\_\_\_\_

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**HORSES TO BE INSURED:**

#	NAME	BREED / AGE / SEX	USE**	DATE OF PURCHASE	PURCHASE PRICE	AMOUNT OF INSURANCE~
1.	_____	_____	_____	_____	\$ _____	_____
2.	_____	_____	_____	_____	\$ _____	_____
3.	_____	_____	_____	_____	\$ _____	_____

**Use\*\* please list specific type of showing (i.e., jumping, reining, dressage, etc)**

**~If insuring for over purchase price or if the horse was purchased more than a year ago, provide justification of value (show records, training costs, breeding records)**

- |   |  |  |  |
|---|--|--|--|
|   | Horse #1   | Horse #2   | Horse #3   |
| 1. Is the horse currently sound and health for the use intended   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or degenerative joint disease? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Has the horse had any colic or intestinal disorder? If so, please provide treatment, dates, details (including if a resectioning was performed)  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Has the horse been nerved, undergone diagnostic ultrasound or X-rays, or received any surgical treatment for lameness?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. If "Yes" answered to question 2 through 7, please provide details below including onset of condition, dates of treatment, is horse back to work full-time (use additional paper if necessary):   |  |  |  |

\_\_\_\_\_  
 \_\_\_\_\_

I declare to the best of my knowledge and belief that the animal(s) listed on the above schedule are in normal, healthy and sound condition and have been free from ANY ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this Statement of Condition shall be basis of the Insurance Contract and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage, the Insurance Contract will be null and void.

**I acknowledge that I must give immediate notice of any accident, sickness or disease to the insurance company.**

Date signed: \_\_\_\_\_ Signature of Insured: \_\_\_\_\_

**Statement of Condition form is valid for 2 weeks.** If received by agency after 2 weeks, a new form will be required.



To pay your premium by  
FAX 614-875-1549

EMAIL [info@FrysEquineInsurance.com](mailto: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 # \_\_\_\_\_ (found at top of invoice)

**\*\* By signing this form you understand that the Total Amount Due shown on the invoice is with a "cash discount" already applied.**

**To pay by credit card, this agency discount will be added back in the Total Amount Due.  
This 2.8% charge will be added to the above Payment Amount at the time the payment is processed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### CHECK AUTHORIZATION FORM

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

Name of Account:

Bank Name:

Bank Routing Number:

Checking Account: Number:

Check/Reference #:

Amount: \$

I give Fry's Equine Insurance the authorization to generate a check to be drawn on the above account. I am verifying by my signature below that there are funds available for this withdrawal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_