

EQUINE MORTALITY INSURANCE APPLICATION

Windridge Ltd. (P)952-426-9103 (F)952-426-9224 WWW.WINDRIDGE.LTD.COM

- Desired Effective Date:** _____ **Additional Coverage Desired:**
1. **Name of Applicant:** _____ **Major Medical \$10K** _____
2. **Address:** _____ **Major Medical \$15K** _____
- _____ **Surgical Only** _____
3. **Telephone Number:** _____ **Colic Only** _____
- _____ **Flight** _____
4. Is this: NEW BUSINESS A RENEWAL ADDITIONAL COVERAGE
- Current Policy Number if Applicable: _____
5. Are any of the animals listed herein Financed? _____ If so, state amount, when, and to whom due.
(Give address) _____
6. Is there any other insurance on any of the animals listed herein? _____
7. Chiefly kept on premises known as (Give address): _____
8. Name and address of trainer: _____

1.	Name of Animal Breed/Registration #	Sire Dam	Use	Sex DOB	Purchase price \$ Date Purchased / /	Amount Desired \$ Rate	Premium \$
2.	Name of Animal Breed/Registration #	Sire Dam	Use	Sex DOB	Purchase price \$ Date Purchased / /	Amount Desired \$ Rate	Premium \$

9. If Mare is in foal, list name of Stallion and Stud fee paid. _____
If raised foal, give stud _____
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? _____ (If so, give the particulars): _____
11. Is any animal names above to be used as a hunter/jumper/eventer or for racing? _____
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? _____
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. Was purchase price cash, trade, or both? 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, SICKNESS, 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? _____ Explain: _____

RENEWAL 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, SICKNESS, DISEASE, or ACCIDENT. I understand and agree that this application/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.

APPLICATION 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 application 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** _____