



BROKER #OB56710
 LAUREL FOWLER INSURANCE BROKER, INC.
 877 NOYES ROAD ~ ARROYO GRANDE, CA 93420
 800-700-6263 Toll Free ~ 805-473-2227 Office ~ 805-473-0202 Fax

EQUINE MORTALITY APPLICATION

NAME: _____ EFFECTIVE DATE: _____
 ADDRESS: _____ PHONE: _____
 CITY, STATE, ZIP: _____ EMAIL: _____

FULL MORTALITY LOSS OF USE AS&D
 MED/SURGICAL @ \$15,000 MED/SURGICAL @ \$10,000 Colic Endorsement @ \$10,000 Surgical Endorsement @ \$10,000
 DIRECT BILL PAYMENTS (finance fee applies): Annual Installments

HORSE INFORMATION

NAME:	BREED:	DATE OF BIRTH:	SEX:	USE:
SIRE & DAM:	REGISTRATION NO.	PURCHASE DATE:	PURCHASE PRICE	AMOUNT OF INSURANCE:

IF THE AMOUNT OF INSURANCE DESIRED EXCEEDS THE PURCHASE PRICE, PROVIDE A JUSTIFICATION OF VALUE FORM

1. Are any of the animals listed herein financed or leased? _____ If so, please provide name and address of the loss payee, along with amount due, if financed _____
2. If you purchased the horse 12 months ago or more, did you insure the horse prior to this? _____ Name of insurance carrier? _____ Expiration date? _____
Any Claims? _____ If so, provide details _____
3. Name and address of premises horse is kept: _____
4. Name and location of trainer: _____
5. Is horse to be used as a: Hunter Jumper Eventer Racer Other
6. If mare in foal, please provide name of covering stallion: _____
and stud fee: _____ Estimated due date: _____
7. If this is a homebred horse, please provide the stud fee paid to produce this horse: _____
8. Has the above horse been afflicted with any disease or sickness or received any hurt or injury in the past 12 months? _____ If so, provide diagnosis, treatments, dates: _____
9. Has horse ever had colic or indigestion? _____ Dates of most recent incident: _____
Cause: _____ Surgery Performed? _____ Resection? _____
10. Are eyes, legs and feet of the above horse in normal condition? _____
If not, please explain: _____
11. Is the above horse currently sound and healthy for he use intended? _____ If not, explain _____
12. Have you lost any horses by death in the past 3 years? _____ Date & Cause of Death: _____
13. How many other horses do you own? _____
14. Was the purchase price of the above horse paid in cash, trade or both? _____ If any part was trade, give details: _____
15. Do you understand that it is required under the policy to give IMMEDIATE notice of any illness, injury, disease or death or your claim my be denied and do you agree to do so? _____
16. Has any insurance company ever rejected an application for insurance or cancelled a policy on the above horse? _____ If yes, please explain: _____

STATEMENT OF CONDITION AND DECLARATION

I declare to the best of my knowledge and belief that the animal listed above is 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 information is withheld to influence the company's decision to issue coverage, the insurance contract will be null and void. I hereby apply to insure the above horse, subject to the terms and conditions of the policy to be issued. I believe statements to be true and declare that no material facts have been withheld to my knowledge.

Signature of Applicant: _____ Date: _____