INDEPENDENT EQUINE AGENTS

10234 Shelbyville Road #2A
Louisville, Kentucky 40223
www.independentequineagents.com

APPLICATION FOR LIVESTOCK INSURANCE

THIS IS NOT A BINDER

(502) 245-6878
(502) 245-9698 FAX
1-800-346-8880

IMPORTANT: No application will be considered if not fully completed and signed by the Assured and Veterinarian within 20 days of inception. VETERINARIAN MUST COMPLETE AND SIGN REVERSE SIDE FOR MORTALITY COVERAGE.

NAME OF APPLICANT	SOCIAL SECURITY NUMBER	COVERAGE REQUIRED	POLICY PERIOD
ADDRESS	OCCUPATION	☐ Mortality $ _____ ☐ Specified Peril $ _____ ☐ Other $ _____ ☐ Surgical _____	From _____ To _____ Noon STD Time
	PHONE NUMBER ☐ Day _____ ☐ Eve _____		

NAME AND REGISTRATION/TATTOO NUMBER*	BREED	SEX**	DATE OF BIRTH	EXACT USE	DATE ACQUIRED	ACQUIRED FROM NAME/ADDRESS	PURCHASE PRICE	AMOUNT INSURED***	RATE (Co. Use Only)
A)									
Sire/Dam									
B)									
Sire/Dam									

*A photograph is required for unregistered animals **Use these codes M-Mare; S-Stallion; F-Filly; C-Colt; G-Gelding ***Amounts other than purchase price are subject to Company acceptance - see reverse side

1. Are you the sole owner? _____. If no, list other owners and addresses.
2. Was purchase price paid by cash, trade or both? Give particulars.
3. Are any animals financed or leased? _____. If yes, give particulars.
4. Name/Address of Loss Payee: _____
5. Where animals kept (barn, track, pasture, other)? _____
   Location _____
6. Name/Address/Telephone of usual trainer and farm manager. _____
7. Are animals healthy and capable of performing intended use? _____. If no, describe. _____
8. Has animal ever been treated for accident, illness or lameness? _____. If yes, give date and description of treatment: _____
9. How frequently was animal wormed during past year? _____. Method used: _____
10. Vaccination Programs: _____
11. Are animals now insured? _____. Previously insured? _____. If yes to either, what company and amount insured.
12. Has any company canceled or refused to renew your coverage? _____. If yes, give company, date and reason given for company action.
13. Has any horse owned by you died in the past three years? _____. If yes, state cause(s) and date(s).
14. Are you insuring other horses with another company? _____. If yes, how many? _____. How are they used? _____
15. Name/Address/Telephone of your regular vet. _____
16. How long has vet treated the horse(s)? _____

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to recission or modification as provided by the law of the state in which the application was accepted or policy issued.

APPLICANT'S SIGNATURE	DATE
X	/ /

FOR MORTALITY COVERAGE, VETERINARIAN MUST COMPLETE AND SIGN EXAMINATION ON REVERSE SIDE