

AGRICULTURAL INSURANCE COMPANY - EQUINE DIVISION

Agency: 0383596

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED AND THE VETERINARIAN.

Desired Effective Date _____

Coverage Desired (please check):

1. Name of Applicant _____

A. Full Mortality

B. Named Perils

2. Address _____

Major Medical

Optional Perils

Surgical

Loss of Use

Accident, Sickness & Disease

Congenital Infertility

3. Telephone Number _____

4. Is this: New Business A Renewal Additional Coverage Current Policy Number _____

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 complete address of location.)

8. Name and address of trainer _____

1-	Name of Animal	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed/Registration Number	Dam		DOB	Date Purchased	Rate	
2.	Name of Animal	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed/Registration Number	Dam		DOB	Date Purchased	Rate	

9. If mare in foal, name covering stallion & stud fee paid. _____ If raised foal, give stud fee. _____

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 particulars. _____

11. Is any animal named above to be used as a hunter / jumper / eventer or for racing? _____ If so, explain use. _____

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? _____ If so, how often? _____

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? _____

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 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, 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. _____

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, DISEASE OR ACCIDENT. I understand and agree that this 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.

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 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 _____