APPLICATION for *Equine Mortality Insurance - FL*

___ NEW ___ RENEWAL ___ ADD TO CURRENT POLICY

DESIRED EFFECTIVE DATE _____

Applicant's Name: (Owner or Lessee) _____Client Code:_____

Address: _____ City:_____ State:_____ Zip:_____

Home Phone Number: _____ Business: _____ Mobile:_____

Email Address: _____ FAX Number:_____

How did you hear about us? ___ Association ___ Referral ___Internet ___ Ad ___ Other_____

Step 1: HORSE INFORMATION

Sex: S=Stallion, M=Mare, C=Colt, F=Filly, G=Gelding

Horse	Name & Registration/Tattoo #	Age or Birthdate	Sex *see above	Breed	Use	Purchase Date	Purchase Price or Stud Fee	Insured Value
A								

SIRE_____ DAM_____

B								

SIRE_____ DAM_____

C								

SIRE_____ DAM_____

Step 2: OPTIONAL COVERAGE

Select 1 Major Medical option for the appropriate horse value *OR* Surgical coverage. The maximum payable amount is either the agreed horse value or limits selected below, whichever is less.

Horse A: choose only 1 of the following 3 main options, then "Yes" for only 1 annual premium under the desired limit.

___ Major Medical for Mortality Value $0-$14,999

• $7,500 limit, $400 deductible	With co-pay	Annual Premium = $425	___ Yes ___ No
	Without co-pay	Annual Premium = $625	___ Yes ___ No
• $10,000 limit, $400 deductible	With co-pay	Annual Premium = $500	___ Yes ___ No
	Without co-pay	Annual Premium = $700	___ Yes ___ No
• $12,500 limit, $400 deductible	With co-pay	Annual Premium = $625	___ Yes ___ No
	Without co-pay	Annual Premium = $825	___ Yes ___ No
• $15,000 limit, $400 deductible	With co-pay	Annual Premium = $700	___ Yes ___ No
	Without co-pay	Annual Premium = $900	___ Yes ___ No

___ Major Medical for Mortality Value $15,000 & over

• $7,500 limit, $400 deductible	With co-pay	Annual Premium = $400	___ Yes ___ No
	Without co-pay	Annual Premium = $600	___ Yes ___ No
• $10,000 limit, $400 deductible	With co-pay	Annual Premium = $450	___ Yes ___ No
	Without co-pay	Annual Premium = $650	___ Yes ___ No
• $12,500 limit, $400 deductible	With co-pay	Annual Premium = $575	___ Yes ___ No
	Without co-pay	Annual Premium = $775	___ Yes ___ No
• $15,000 limit, $400 deductible	With co-pay	Annual Premium = $650	___ Yes ___ No
	Without co-pay	Annual Premium = $850	___ Yes ___ No

___ Surgical, $5,000 limit, $250 deductible **Annual Premium = $100** ___ Yes ___ No

Horse B: choose only 1 of the following 3 main options, then "Yes" for only 1 annual premium under the desired limit.

___ **Major Medical for Mortality Value $0-$14,999**

• $7,500 limit, $400 deductible	With co-pay	Annual Premium = $425	___ Yes ___ No
	Without co-pay	Annual Premium = $625	___ Yes ___ No
• $10,000 limit, $400 deductible	With co-pay	Annual Premium = $500	___ Yes ___ No
	Without co-pay	Annual Premium = $700	___ Yes ___ No
• $12,500 limit, $400 deductible	With co-pay	Annual Premium = $625	___ Yes ___ No
	Without co-pay	Annual Premium = $825	___ Yes ___ No
• $15,000 limit, $400 deductible	With co-pay	Annual Premium = $700	___ Yes ___ No
	Without co-pay	Annual Premium = $900	___ Yes ___ No

___ **Major Medical for Mortality Value $15,000 & over**

• $7,500 limit, $400 deductible	With co-pay	Annual Premium = $400	___ Yes ___ No
	Without co-pay	Annual Premium = $600	___ Yes ___ No
• $10,000 limit, $400 deductible	With co-pay	Annual Premium = $450	___ Yes ___ No
	Without co-pay	Annual Premium = $650	___ Yes ___ No
• $12,500 limit, $400 deductible	With co-pay	Annual Premium = $575	___ Yes ___ No
	Without co-pay	Annual Premium = $775	___ Yes ___ No
• $15,000 limit, $400 deductible	With co-pay	Annual Premium = $650	___ Yes ___ No
	Without co-pay	Annual Premium = $850	___ Yes ___ No

___ **Surgical, $5,000 limit, $250 deductible** — Annual Premium = $100 ___ Yes ___ No

Horse C: choose only 1 of the following 3 main options, then "Yes" for only 1 annual premium under the desired limit.

___ **Major Medical for Mortality Value $0-$14,999**

• $7,500 limit, $400 deductible	With co-pay	Annual Premium = $425	___ Yes ___ No
	Without co-pay	Annual Premium = $625	___ Yes ___ No
• $10,000 limit, $400 deductible	With co-pay	Annual Premium = $500	___ Yes ___ No
	Without co-pay	Annual Premium = $700	___ Yes ___ No
• $12,500 limit, $400 deductible	With co-pay	Annual Premium = $625	___ Yes ___ No
	Without co-pay	Annual Premium = $825	___ Yes ___ No
• $15,000 limit, $400 deductible	With co-pay	Annual Premium = $700	___ Yes ___ No
	Without co-pay	Annual Premium = $900	___ Yes ___ No

___ **Major Medical for Mortality Value $15,000 & over**

• $7,500 limit, $400 deductible	With co-pay	Annual Premium = $400	___ Yes ___ No
	Without co-pay	Annual Premium = $600	___ Yes ___ No
• $10,000 limit, $400 deductible	With co-pay	Annual Premium = $450	___ Yes ___ No
	Without co-pay	Annual Premium = $650	___ Yes ___ No
• $12,500 limit, $400 deductible	With co-pay	Annual Premium = $575	___ Yes ___ No
	Without co-pay	Annual Premium = $775	___ Yes ___ No
• $15,000 limit, $400 deductible	With co-pay	Annual Premium = $650	___ Yes ___ No
	Without co-pay	Annual Premium = $850	___ Yes ___ No

___ **Surgical, $5,000 limit, $250 deductible** — Annual Premium = $100 ___ Yes ___ No

Step 3: QUESTIONAIRE

PLEASE READ ALL QUESTIONS BELOW CAREFULLY AND REFER TO HORSES BY NAME OR NUMBER IF NEED BE.

3.1. Are you the sole owner of the horse(s)? ___ Yes ___ No If no, list owners and addresses or lienholders/banks and addresses _____

3.2. Usual location of horse(s), provide address and phone number _____

_____

3.3. Name, address and telephone number of your usual veterinarian

_____

3.4. Is horse(s) on vaccination and worming program approved by a vet? ___ Yes ___ No If yes, provide frequency_____

3.4.a Has horse been vaccinated against West Nile Virus ___ Yes ___ No

3.5. Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months? ___ Yes ___ No If yes, please explain _____

3.6. For all Quarter Horses, Appaloosas or Paint horses, does any horse(s) have an ancestor know to carry HYPP? ___ Yes ___ No If yes, indicate the status for each horse (N/N, N/H, H/H) NOTE: H/H horses are not insurable.

_____

3.7. Are horse(s) presently insured? ___ Yes ___ No Previously insured? ___ Yes ___ No If yes, to either question give name of company, date and amount. If no, enter N/A_____

_____

3.8. Has any company cancelled or refused to renew your coverage? ___ Yes ___ No If yes, please provide reason

_____

3.9. Has any horse(s) owned by you died within the past 24 months (whether or not insured)? ___ Yes ___ No If yes, state number of deaths and causes of death _____

_____

Step 4: DECLARATION OF HEALTH

At inception of the policy, all animals must be sound, healthy and have no known injury, lameness or disease. Any pre-existing conditions are not covered, unless otherwise noted and agreed to by the Company.

4.1. Does the horse(s) have any history of injury, illness, lameness or disease (including melanomas, sarcoids, warts or other types of growth)? ___ Yes ___ No If yes, provide details including date _____

_____

4.1.a Does the horse(s) have any conformation issues that could affect its ability to be used for the intended use? ___ Yes ___ No If yes, provide details _____

4.1.b Any laminitis/founder, OCD, navicular disease, degenerative joint disease and/or neurologic disorders? ___ Yes ___ No If yes, provide details _____

4.2. Has the horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative vaccinations) or are they unsound in any way? ___ Yes ___ No If yes, provide details

_____

4.2.a Does the horse receive any medications/supplements? ___ Yes ___ No If yes, please explain

_____

4.3. Has any horse(s) suffered from colic or any other gastro-intestinal related illness? ___ Yes ___ No If yes, provide details including dates _____

4.4. Has any horse(s) been examined or treated by a veterinarian for other than routine care? ___ Yes ___ No If yes, provide details including dates _____

4.5. Has any horse(s) undergone surgery (other than castration), been fired, blistered or nerved? ___ Yes ___ No If yes, provide details including dates and results _____

4.5.a Has the horse(s) undergone diagnostic ultrasound, x-rays, or bone scans within the last 24 months? ___ Yes ___ No If yes, provide details including dates and results _____

_____

4.6. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the Company's acceptance of the proposed risk? ___ Yes ___ No If yes, please explain _____

_____

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.

I declare to the best of my knowledge and belief that the horse(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application for insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease or death of any insured horse. Not doing so may jeopardize coverage and result in denial of any claim made.

______________________________ ______________________

SIGNATURE **DATE**

- -

Send completed application with payment, appropriate health form(s), fraud statement and valuation to:
EQUISURE, INC. 13790 E Rice Pl Ste 100 * Aurora, CO * 80015 * 800-752-2472 * FAX 303-614-6967

- Please note that additional premium applies for ALL optional coverages in step 2.
- Major Medical not available on horses under 90 days or over 18 years of age.
- $150.00 Minimum Premium applies if this policy is cancelled prior to the expiration date.

Checklist

_____ I completed Step 1 for all horses I wish to insure for Mortality/Theft or Major Medical.

_____ I completed Step 2 because I wish to purchase Major Medical Insurance **in addition** to Mortality and Theft.

_____ I completed all the questions in Step 3

_____ I completed all the questions in Step 4

_____ I signed and dated above and acknowledge the agreement

_____ Complete ***page 5 OR 6 ONLY*** if you wish to insure your horse for more than the purchase price

_____ Make payment on page 7

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To cut down on our paper consumption, we now offer electronic policy delivery. Please check only one of the boxes below. (If a box is not checked, we will deliver your policy via the US Postal Service.)

___ **- I prefer to receive my policy documents via e-mail.**

OR

___ **- I prefer to receive my policy documents via hard copy in the mail.**
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PROFESSIONAL TRAINER STATEMENT

- *This form serves to provide information justifying the value of said animal for insurance purposes.*
- *A qualified trainer who is familiar with the horse and the current market should complete the form.*

Please provide the following information:

Owner (the Insured): _____

Name of Horse: _____

Trainer: _____

Address: _____

Phone: _____

How long have you been a trainer? _____

Professional Qualifications (certificates, breeds and disciplines, other related education):

_____

_____

_____

_____

Familiarity with Horse (how long have you known the horse/owner, professional observations):

_____

_____

_____

_____

Value estimation and Reasoning: (please provide your professional estimate of this horse's current value in a competitive market):

_____

_____

_____

_____

Additional Comments:

_____

_____

I hereby certify that to the best of my knowledge and belief, the above particulars are true and correct.

Signed: _____ Date:_____

(trainer)

Please return this form to: **Equisure, Inc. 13790 E Rice Pl Ste 100, Aurora, CO 80015,** or fax to: **(303)614-6967**

SHOW RECORDS FORM

Use for Justification of Value for New and Renewal Policies or Value Increase Requests

SHOW and PERFORMANCE HORSES

Horse Name_____ Owner Name_____

NAME OF SHOW	SHOW DATE	RATING	CLASS	PLACE	NUMBER IN CLASS

BREEDING STALLIONS - please complete the following:

NAME	# MARES BOOKED	# MARES BRED LAST SEASON	STUD FEE

BREEDING MARES - please complete the following

NAME	DATE LAST BRED	# OF FOALS	SALE PRICE OF FOAL(S)	CURRENT STALLION	STUD FEE

PLEASE READ AND SIGN THE STATEMENT BELOW

I hereby certify that to the best of my knowledge and belief, the above particulars are true and correct.

SIGNED_____DATE_____

(owner/trainer)

PAYMENT OPTIONS FORM

Please select only one payment option. Return form with completed application.
Print legible.

Applicant's Name* _____

Address* _____ **City *** _____ **State*** _____ **Zip*** _____

Phone* _____ **Fax** _____ **Email*** _____ ***required**

Select option and complete payment information below.

___ **OPTION 1: Request Quote Only (No payment enclosed)**

___ **OPTION 3: Premium Financing (Minimum 30% Down Payment, made payable to Equisure, Inc., then Premium Balance Due Financed[1])**

___ **Credit Card** (*check one*):_____VISA or_____MasterCard **Amount Authorized $** _____
We do not accept American Express or Discover

Name on Credit Card _____

Credit Card # _____

Credit Card Expiration date: _____

Signature as shown on Credit Card _____

___ **Check or Money Order** (made payable to: *Equisure, Inc.*) $_____

___ **Premium Financing** - Minimum 30% down payment (credit card, check or money order ***made payable to Equisure, Inc.***) required for financing. The remaining balance, after the 30% down payment to Equisure, Inc., will be billed and paid to IPFS Corporation (IPFS)[2] and is *not* financed by Equisure, Inc. If financing a mortality policy, the minimum 30% down payment is required & Major Medical premiums must be paid in full and cannot be financed.

Premium Down Payment: ___ **Credit Card** ___ **Check or Money Order** (made payable to: *Equisure, Inc.*) $_____

___ VISA or ___ MasterCard **Amount Authorized $** _____
We do not accept American Express or Discover

Name on Credit Card _____

Credit Card # _____

Credit Card Expiration date: _____

Signature as shown on Credit Card _____

By signing this confirmation as the named insured you authorize a representative of Equisure, Inc. to prepare and sign the Premium Finance Agreement on your behalf and agree to all provisions of the Premium Finance Agreement. A copy of the Premium Finance Agreement will be provided to you. (*Please be advised that interest rates may vary and may exceed 20% APR).*

SIGN HERE

_____ _____
Signature Date

___ **Yes, I would like to receive my finance notices, finance invoices and finance statements via email from IPFS Corporation (IPFS). Please print the name and provide an email address to receive IPFS eForms.** [***Note:*** *IPFS will continue to utilize the US Postal Service (USPS) for the purpose of legal notifications required by premium financing statutes. These notices will be emailed and also mailed through the USPS].*

_____ _____
Name (please print first and last name) **Email address**

[1] Optional Endorsement and Mortality Major Medical premiums must be paid in full and cannot be financed.

[2] IPFS Corporation, IPFS Corporation of the South, IPFS Corporation of California (IPFS)