



XL Specialty Insurance Company

One World Financial Center, 200 Liberty Street, 25th Floor, New York, NY 10281
 Phone: (212) 915-7000 or (800) 842-6411 Fax: (859) 219-1368

Desired Coverage Date: _____

APPLICATION FOR EQUINE INSURANCE (SPORT HORSE)

Name of Applicant: _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Coverages Desired (Please Check):

Full Mortality Restricted/Named Perils Emergency Colic Surgery

Major Medical/Surgical (WITH COINSURANCE): \$7,500 (AP \$525) \$10,000 (AP \$575) \$15,000 (AP \$750)

Major Medical/Surgical (WITHOUT COINSURANCE): \$7,500 (AP \$700) \$10,000 (AP \$750) \$15,000 (AP \$950)

Surgical Only: \$5,000 (AP \$200) h h V

Name & Registration # Breeding (Sire/Dam)	Age	Sex	Breed	Use	Purchase Price & Date	Requested Amount**	Rate
A.							
B.							
C.							
D.							
E.							

*Values other than recent purchase price are subject to Company acceptance. Details of prize winnings, performance, value of progeny sold, stud fee & number of mares booked last year and other pertinent information must be submitted on page 2 for consideration of stated values.

THERE IS NO GRACE PERIOD FOR RENEWAL OF COVERAGE AFTER EXPIRATION DATE! THIS APPLICATION MUST BE RETURNED BEFORE THE EXPIRATION DATE OF POLICY OR A NEW APPLICATION WILL BE REQUIRED.

- 1) Is the applicant the sole owner of the horse(s)? Yes No If horse(s) is being leased, indicate terms and/or amount of annual lease by attaching a copy of lease agreement. If horse(s) financed, give details: _____
- 2) Was purchase private or by auction and was price paid by cash, trade, or both. Give details: _____
- 3) Where are the horses usually stabled? (Name, address and phone number of usual trainer/farm manager: _____

- 4) Name, address and phone number of regular veterinarian: _____

- 5) (a) To your knowledge, has horse(s) been seen by a veterinarian for anything other than routine care (e.g. vaccinations, wormings) in the last 3 years? Yes No If yes, give details: _____
- (b) Has horse(s) ever had colic? Yes No If yes, how often? _____ Was surgery performed? Yes No
 Give cause and date of last attack: _____

- (c) Has horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative inoculations) or are they unsound in any way? Yes No If yes, give details: _____
- (d) Has horse(s) been wormed and vaccinated regularly? Yes No Frequency: _____
- (e) Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the horse(s) are kept? Yes No If yes, give details: _____
- (f) Has any above horse(s) suffered from melanomas, sarcoids, warts or other types of growth? Yes No If yes, give details and dates: _____
- (g) Has any surgery been performed on any above horse(s)? Yes No If yes, give details and dates: _____
- (h) Has horse(s) been vaccinated against West Nile Virus? Yes No If yes, give details and dates: _____
- (i) Has horse(s) ever been treated for navicular, arthritis, or degenerative joint disease? Yes No If yes, give details and dates: _____
- (j) Has horse(s) undergone any diagnostics (e.g. endoscopy, ultrasound, MRI, bone scan, x-rays, etc.,) including but not limited to pre-purchase exams in the last 3 years? Yes No If yes, give details and dates: _____
- 6) Are horse(s) currently insured? Yes No Previously Insured? Yes No
- (a) If "yes" to either: Company: _____ E : _____ Amount: \$ _____
- (b) Has any Company cancelled or refused to renew your coverage? Yes No If yes, give Company and reason given for company action: _____

HEALTH STATEMENT AND DECLARATION:

Is acceptable for horses valued at \$100,000 or less for new coverage and for renewal coverage, 91 days of age through 15 years of age and horses that have not had any illness, injury, lameness or disease. A satisfactory veterinary certificate will be required for all others. I/We certify to the best of our knowledge that the above named horse(s) have not had any illness, injury, lameness or disease, including but not limited to, colic, colic surgery, nerving, degenerative joint disease, laminitis or founder (except as noted above) within the past twelve (12) months. I understand that coverage is void if any material fact has been omitted, concealed or misrepresented on this form.

I/We understand and agree this is not a binder, but merely an application for Insurance. Signing this form is acknowledgement by the applicant that this Form shall be the basis of the Contract should a Policy be issued. I/We declare that to the best of my knowledge and belief, the above statements are true and complete and that I/We have not withheld any material information. Should a policy be issued, if anything be falsely stated or information withheld to influence the Company decision, the insurance contract shall be null and void. ***I/We also understand that is required under the issued policy to give immediate notice and full details of any illness, injury, or death of the horse(s) by telephone to the Company.***

Signature of Applicant(s): _____ Date: _____

SUPPLEMENTAL INFORMATION RELATING TO SUBSTANTIATION OF VALUE ON ANY HORSE NOT INSURED AT PURCHASE PRICE

(Give horse show records, racing record, broodmare information, breeding stallion information, etc.)

Show Horse Record: Include name of show, date of show, class, placing at show, winnings, grade of show, and location of show.

**Please provide information on a separate piece of paper.

Racing Record: Total Race Earnings for: Present Year: \$ _____ Previous Year: \$ _____

Broodmare Information: In foal? Yes No Date last bred: _____ Total # of foals? _____

Sale Price of Foal(s) sold: _____

Currently in foal to? _____ Stud fee? \$ _____

Breeding Stallion Information: Current Stud Fee: \$ _____ # of Mares Bred Last Year: _____ # of Mares Booked: _____