



Serenity Insurance Agency

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HORSE MORTALITY APPLICATION AND STATEMENT OF CONDITION

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED SIGNED AND DATED BY INSURED.
DO NOT USE N/A OR LEAVE ANY QUESTIONS UNANSWERED OR APPLICATION WILL BE REJECTED.

1. Customer's Name _____
2. Address _____
3. Phone: Home _____ Day Time _____ Fax _____
4. E-mail Address _____
5. Customer's occupation or main source of income _____
6. How or from whom did you hear of our company? _____
7. Describe any other insurance applying to these animals _____
8. If not the full owner of these animals, please give full details of other partners
Name _____ Address _____
Interest of other parties _____
9. Has any insurer declined or canceled similar coverage? Yes No
10. Have you had a death, injury or illness to horses in your care in the last 3 years? Yes No
11. Has there been infectious or contagious diseases on the premises where you have kept your horses over the last 3 years? Yes No
12. Does any horse listed have an ancestor known to carry HYPP? Yes No
If yes, give HYPP status (n/n, n/h, h/h) for each horse listed

13. Has any horse listed had in the past, or currently have, conformation problems, defects or ailments, disease, lameness, injury or physical disability including but not limited to: OCD, neurological disorders, navicular disease, or degenerative joint disease? Yes No
14. Is any horse listed, NOT healthy and sound for the intended use? Yes No
15. Has any horse listed been nerved or received any surgical treatment for lameness? Yes No
16. Has any horse listed had colic or gastro-intestinal disorders? Yes No
17. Has any horse listed undergone diagnostic ultrasound, x-rays, or bone scans? Yes No
18. Has any horse received any joint injections, any type of medication, long or short term, or any preventative treatments in the past 12 months? Yes No
19. Has any horse listed been treated for hoof problems, founder/laminitis, or rotation of coffin bone? Yes No
20. Have you filed a claim in the past 3 years for any of the listed horses? Yes No If yes send detailed veterinary reports.

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE LIST QUESTION NUMBER AND GIVE DETAILED EXPLANATION

21. Do you understand that immediate notice must be given to the company upon any injury, illness, operation, disease, or death of an insured horse and that you are required to have an autopsy performed in every case of death at your expense? Yes
22. Name, Address & Phone of usual veterinarian _____
23. Is this NEW BUSINESS RENEWAL ADDITION TO A CURRENT POLICY POLICY# _____
24. Name of last years insurance company, if new business to our agency: _____ Premium \$ _____

25. **COVERAGE OPTIONS:** **Full Mortality & Theft.** (Minimum full mortality premium per horse is \$200.00)

Medical Coverage choose any combination \$10,000.00 M/M \$15,000.00 M/M (Minimum \$15K to be eligible for Major Medical coverage)

COLIC SURGICAL (Can be purchase separately or in addition to Major Medical)

Loss of Use Named Perils & Theft Optional Perils Over Seas Air Transport **0.25%**

Stallion Infertility (accident sickness or disease) **0.5%**

Name of Horse	Sex	Breed	Date of Birth	Date of Purchase	Purchase Price (US \$)	Exact Use if show what type	Purchased From name & address	Insured Amount

I declare to the best of my knowledge and belief that the animal(s) listed above, to be in normal healthy, sound condition. I further declare that during the past 12 months the above listed animal(s) have been free from illness, injury, disease, or accident. I understand and agree that this certificate (along with other required forms) 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.

CUSTOMER SIGNATURE _____ DATE _____

Your physical signature is required to bind. Please print this form, sign and send in with your payment.

Your premium and other required forms must be submitted with this application. If all required information is not provided we will NOT be able to bind coverage.