



THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

12424 N. 32nd Street Phoenix, AZ 85032
602.992.1570 FAX 602.992.8327

Mortality Renewal Application

Name and Address of Owner: _____ Business Telephone: () _____
 _____ Home Telephone: () _____
 _____ Fax Telephone: () _____
 _____ Broker's Name: _____
 _____ Last Year's Policy Number: _____
 _____ Desired Effective Date: _____

Name of Horse	Breed	Sex*	Exact Use	Level	Date of Birth	Purchase Date	Purchase Price	Insured Amount**†
A.								
B.								
C.								
D.								

*G-Gelding, M-Mare, S-Stallion

** If requested value exceeds the purchase price, please provide explanation of value (i.e. competition record, appraisal, training, etc.)
† Insured amount should not exceed the horse's current fair market value.

Loss Payee or Additional Insured Name: _____
 (Please indicate on which horses Loss Payee or Additional Insured Name applies.)

- Is the horse(s) currently sound and healthy for the use intended? Yes No
- Does the horse(s) have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative joint disease? Yes No
- Has the horse(s) had any colic or intestinal disorder within the last 36 months? Yes No
- Has the horse(s) been nerved or received any surgical treatment for lameness? Yes No
- Has the horse(s) been examined or treated by a veterinarian for anything **other** than routine care within the last year? Yes No
- Has the horse(s) undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No
- Has the horse(s) received any joint injections in the last 12 months? If yes, please specify joints injected, dates, and reasons for injections below. Yes No
- Has the horse received any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No
- Does the horse(s) receive any other medications/supplements? Yes No
- Are there any other current or prior health conditions to which the horse(s) has been exposed? Yes No
- Will any horse be outside the continental United States or Canada during the coverage period? Yes No

If the answer to question 1 is "No" for any horse, please indicate the horse and provide details below. If "Yes" was answered to any question 2 through 10, please indicate the horse and provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work. For question 11, provide details including dates and locations for coverage consideration.

Please attach updated information on the horse(s) show/competition record, training, or breeding information.

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature of owner (s) of above named animal _____ Date: _____
 (must be no more than 30 days prior to policy effective date)

Horse:	A	B	C	D	Additional Coverages Available
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical and Surgical (annual limit \$7,500, not to exceed the horse's insured mortality limit) – Premium is Fully Earned
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical and Surgical (annual limit \$10,000) – Premium is Fully Earned
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical and Surgical (annual limit \$15,000) – Premium is Fully Earned
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Only – Premium is Fully Earned
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colic Medical and Surgical – Premium is Fully Earned
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External Injury Only Loss of Use (Plan B)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stallion Infertility for A, S & D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Third Party Liability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Territorial Limits Including Transit (Must complete question 11 above.)

Standard mortality policy includes Colic Surgery Coverage, Guaranteed Extension, and Value Endorsement.