

KNORPP BLOODSTOCK INSURANCE AGENCY, LC
P.O. Drawer A
Clarendon, TX 79226-2001

Toll Free (800) 858-4331
Local (806) 874-3521
Fax (806) 874-2307

Name of Owner(s) _____ Address _____

City _____ State _____ County _____ Zip _____ Business Phone _____

Home Phone _____ Fax _____ Social Security # _____ Birth Date _____

Do you want this horse(s) added to an existing policy? ___ If so, give Policy No. _____ Desired Effective Date _____

Exact Sex	Name of Animal	FOALED			Reg. No.	Breed	Exact Use	Color	Purchase Price	Amount of Insurance Desired	%	Premium
		Mo.	Day	Yr.								
1.												
2.												

Date Purchased Month/ Year	Name & Post Office Address of Former Owner	Name of Sire	Name of Dam	Fee of Sire at Time of Service
1.				
2.				

THE FOLLOWING MUST BE COMPLETED IN FULL. PLEASE INDICATE HORSE # 1 OR 2. (IF MORE THAN ONE.)

Chiefly kept on premises known as _____ Address _____

- Has any horse above named ever been afflicted with any disease or sickness or received any hurt or injury in the past three years? _____
If so, give particulars _____
- Are proposed horses stabled at night? _____ If not, explain _____
- Are any horses to be used for steeplechasing or in hurdling or jumping contests during the term of this policy? _____
If so, explain use _____
- Are any horses named above to be raced? _____ Barrel or pole bending? _____
- Has any horse named above had any colic or indigestion? _____ How many times? _____ Date of last attack? _____
- How many horses did you lose by death in the last 3 years? _____ State cause(s) of death _____
- How many other horses do you own? _____
- Does there now exist, or has there recently existed, to your knowledge, any infectious or contagious disease among livestock on your premises, or in your locality? Explain _____
- Method of worming used? _____ How often? _____
- Describe your feeding & supplement program? Summer: _____ Winter: _____
Breeding, competition, or other season: _____
- Does the animal(s) travel outside the continental U.S. or Canada? _____ Where? _____
- Was purchase price cash, trade or both? _____ If any part trade, state what it consisted of, & state what amount cash was paid. _____

- Are any horses listed here mortgaged? _____ If so, state amount and to whom due _____
- Give name of usual veterinarian _____ Address _____ City _____ State _____ Zip _____
- Is there any other insurance on any of the horses listed herein? _____ If so give amt. and company _____
- Have any horses named above been insured previously? _____ If yes, when? _____ Company _____
- Has any company ever rejected an application for insurance or cancelled a policy on any of these herein described horses? _____
Explain _____

18. Do you understand that immediate notification is required by telephone of any illness, injury, surgery, disease or death or your claim may be denied, and do you agree to do so? _____

I/We understand and agree that the policy to be issued shall be founded upon the statements contained herein; that horses having heaves or vicious habits; that horses which are chronic colickers or emphesematous or bleeders or blind or nerved at or above the fetlock are not insurable; that the company shall not be liable for any loss caused by an insured horse becoming unfit or incapable of fulfilling the functions, use or duties for which it is kept, used or intended; and that no operation is to be performed on any insured horse without the written consent of the company unless the operation is necessary, as a result of a peril insured by the policy.

I/We understand and agree that immediate notice and full details of any lameness, illness, injury or death of the horse will be given to the company. I/We agree that this application will be the basis of the contract, and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract shall be null and void. It is understood, however, that the signing and filing of this application does not bind the company, and no insurance shall be deemed effective unless and until this application is received and accepted by the company, and any binder of coverage shall then be effective only as of the date of receipt in Knorpp Bloodstock Insurance Office, at 12:01 A.M.

Applicant Signature(s) _____ Date _____

SEE REVERSE SIDE OF THIS APPLICATION TO FURTHER SUBSTANTIATE THE VALUE OF ANY HORSE INSURED FOR MORE THAN THE PURCHASE PRICE.