

APPLICATION FOR "FOAL" MORTALITY INSURANCE

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 Foal	Date of Birth			Reg. No.	Breed	Exact Use	Color	If purchased, state price	Amount of Insurance Desired	%	Premium
		Mo.	Day	Yr.								
1.												
										Surplus Lines Tax	_____	
										Stamping Fee	_____	
										Policy Fee	_____	
If purchased Month/ Year	Name of former owner	Name of Sire					Name of Dam			Service fee of foal's sire		
1.												

THE FOLLOWING MUST BE COMPLETED IN FULL.

Chiefly kept on premises known as _____ Address _____

1. Has foal been afflicted with any disease or sickness or received any hurt or injury. _____
If so, give particulars _____
2. Is foal stabled at night? _____ If not, explain _____
3. Are both eyes, legs and feet in normal condition? _____
4. Has foal ever had colic or indigestion? _____ How many times? _____ Date of last attack? _____
5. How many other foals do you own? _____
6. How many foals did you lose by death in the last 3 years? _____ State cause(s) of death _____
7. 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 _____
8. Was purchase price cash, trade or both? _____ If any part trade, state what it consisted of, & state what amount cash was paid. _____
9. Is foal mortgaged? _____ If so, state amount _____ when due _____
Name of Mortgagee _____ Address _____
10. Give name of your usual veterinarian _____
Address _____
11. Is there any other insurance on this foal? _____ If so give amt. and company and coverages _____
12. Has any company ever rejected an application for insurance or cancelled a policy on any of these herein described horses? _____
Explain _____
13. 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 _____