

# Horse Insurance Application



232 Hooker Avenue  
Poughkeepsie, NY 12603  
800-836-3046  
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equineinfo@marshallsterling.com

**NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE OWNER.**

Owner's Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____ Office Phone: _____ Cell Phone: _____ Fax: _____ Email Address: _____	Desired Effective Date: _____  <input type="checkbox"/> Mortality <input type="checkbox"/> Loss of Use <input type="checkbox"/> \$10K Major Medical <input type="checkbox"/> \$15K Major Medical <input type="checkbox"/> Surgical Only <input type="checkbox"/> Colic Only <input type="checkbox"/> _____
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Horse's Name: _____ Use: _____ Age: _____ Breed /Registration Number: _____ <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion <input type="checkbox"/> Colt <input type="checkbox"/> Filly Purchase Price: _____ Date Purchased: _____ Amount Insured: _____
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1. Are you a new client?  Yes  No
2. Name / Address / Phone of Trainer: \_\_\_\_\_
3. Name / Address / Phone of regular Veterinarian: \_\_\_\_\_
4. Is the horse:  Financed  On Trial  Leased (Lease Agreement Required)  Not Applicable  
Name / Address:  Additional Insured  Lessee: \_\_\_\_\_
5. Is the horse owned 100%?  Yes  No Was Purchase price:  Cash  Trade, Explain: \_\_\_\_\_
6. Has the horse named above been afflicted with any disease, sickness or injury in the past 12 months?  
 Not to my knowledge  Yes, Description: \_\_\_\_\_
7. Are eyes, legs, and feet of the horse named above in normal condition?  
 Yes to my knowledge  No, Description: \_\_\_\_\_
8. Has the horse listed above had colic or indigestion?  Not to my knowledge  Yes, Explain: \_\_\_\_\_
9. Has any horse owned by you died in the last three (3) years?  No  Yes, Description: \_\_\_\_\_
10. Has any company ever rejected your application for Insurance, or cancelled a policy on the horse named above?  No  Yes

### STATEMENT OF CONDITION

I declare to the best of my knowledge and belief that the animal listed on the above schedule to be in normal healthy sound condition. I further declare that during the past 12 months the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this application 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.

### DECLARATION

I, the undersigned, hereby apply to insure the above mentioned animal owned by me, subject to the terms and conditions of the policy to be issued, including, but not limited to, **the requirement under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY OR DISEASE or a claim may be denied.** I declare that to the best of my knowledge and belief the above statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_  
(Must be 21 years of age.)

*Thank You For Your Business!*