



EQUINE APPLICATION

Name of Applicant: _____

Desired Effective Date: _____

Address: _____

Please Check Desired Coverage:

Email: _____

- Full Mortality Surgical Only
- Major Medical \$10,000 Colic Only
- Major Medical \$15,000 Transit
- European Extensions FL&T Only

Phone: _____

Application Type: New Business Renewal Additional Coverage _____

Are any of the animals listed herein financed or leased? Yes No

If Yes, List Name of Animal (s) _____

Is there any other insurance on any of the animals listed herein? Yes No

If Yes, List Name of Animal (s) _____

Name of Location Where Animal(s) are Kept: _____

Name of Trainer: _____ Address of Trainer: _____

Has any animal listed herein been afflicted with any disease or sickness or received any hurt or injury in the past 12-month period? Yes No

If Yes, give particulars. _____

Are the eyes, legs and feet of every animal named herein in normal condition? Yes No

If No, List Particulars: _____

Has any animal named herein ever had colic or indigestion? Yes No

If Yes, How Often: _____

When was the last attack? _____

Give cause of attack (if unknown put "Do Not Know") _____

How many animals did you lose by death in the last 3 years? 0 1+

If one or more how many? _____ Cause of Death? _____

Has any company ever rejected an application for insurance or cancelled a policy on any of the herein described animals? Yes No

If Yes, Describe: _____

Do you understand that it is required under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY, DISEASE or DEATH or your claim may be denied and do you agree to do so? I Agree



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Animal 1: Name: _____ Breed: _____
 Use: _____ Sex: _____ YOB: _____
 Purchase Price: _____ Purchase Date: _____ Amount Desired: _____
 Major Medical: _____

Animal 2: Name: _____ Breed: _____
 Use: _____ Sex: _____ YOB: _____
 Purchase Price: _____ Purchase Date: _____ Amount Desired: _____
 Major Medical: _____

Animal 3: Name: _____ Breed: _____
 Use: _____ Sex: _____ YOB: _____
 Purchase Price: _____ Purchase Date: _____ Amount Desired: _____
 Major Medical: _____

Statement of Condition

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

I Agree

DECLARATION

I, the undersigned, hereby apply to insurance the above mentioned animals owned by me, subject to terms and conditions in the policy to be issued, and I declare to the best of my knowledge and belief the above statements are true and completed and 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. If any information is falsely stated or withheld to influence the company's decision, the insurance contract will be null and void.

Date: _____ Signature of Applicant: _____
 Name of Applicant: _____



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