

# EQUINE MORTALITY INSURANCE APPLICATION

(PHOTOS OF THE ANIMAL MUST BE SUBMITTED – FRONT, BACK AND SIDES)

**1786992 ALBERTA LTD. o/a STOCKMENS INSURANCE**  
 210 - 3502 Taylor Street East Saskatoon, SK S7H 5H9  
 Phone: 306-931-0088 Fax: 306-931-8782 Email: rkohle@stockmensinsurance.ca

**AGENCY:**  
**APPLICATION # :**

Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Date of Acquisition \_\_\_\_\_  
 Veterinary Inspection within 30 days prior to Sale?  Yes  No  
 How Acquired:  
 Auction  Private Treaty / Sale  
 Homebred  Other \_\_\_\_\_  
 Purchase Price \_\_\_\_\_

## DESCRIPTION OF HORSE TO BE INSURED

NAME of HORSE	REGISTRATION <small>Tattoo / Freeze Brand #</small>	BREED	SEX	DATE OF BIRTH	AMOUNT INSURED
Physical Description of Horse: (i.e. Color, etc.)		Use:			
Sire:	Dam:				

- 1 If Racing - Date of Last Start \_\_\_\_\_ Amount Earned During last 12 Months \_\_\_\_\_
- 2 Mortgage or other Ownership Interest \_\_\_\_\_  
Address \_\_\_\_\_
- 3 Location where horse is kept \_\_\_\_\_  
Under whose Supervision? Name \_\_\_\_\_ Phone \_\_\_\_\_
- 4 Has any Horse(s) Owned by You died in the past 3 years? \_\_\_\_\_ State Cause \_\_\_\_\_  
And if Insured, Name of Insurance Co. & Broker \_\_\_\_\_
- 5 Has any Insurance Company cancelled or refused to insure or renew insurance on your horse(s)? \_\_\_\_\_  
If Yes, give Details \_\_\_\_\_
- 6 State the nature of any illness, disease, lameness or injury to the above named horse in the past 36 months \_\_\_\_\_
- 7 Name and Address of your Regular Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_
- 8 Name of Previous Insurance Company \_\_\_\_\_

## LIVESTOCK MORTALITY COVERAGE REQUESTED

**ALL RISK MORTALITY** Insured Amount \$ \_\_\_\_\_ X Rate \_\_\_\_\_ % = Premium \$ \_\_\_\_\_

**Additional Coverage Options:**

<input type="checkbox"/> Death Claim (+\$50)	<input type="checkbox"/> Stallion Infertility (+1%)	<input type="checkbox"/> Tack & Equipment (+1.5%)	Additional Cover 1 + _____
<input type="checkbox"/> Equine Surgical:	<input type="checkbox"/> \$2,500 Limit (+\$125)	<input type="checkbox"/> \$3,500 Limit (+\$150)	Additional Cover 2 + _____
			Total Premium _____ <small>(Minimum and Retained Premium \$ 150.00)</small>
			Retained Processing Policy Fee + <b>50.00</b>
			Amount Due \$ _____

\*\*\* ALL RATES AND CONDITIONS SUBJECT TO REVISION

## PROPOSAL DECLARATION – MUST BE SIGNED AND DATED FOR ALL APPLICATIONS

I have been advised and agreed to the Application of the Policy Processing Fee. This Fee is levied to standardize the offset of internal administrative costs (staffing, overhead, etc.) that are not necessarily covered by commissions earned from variable premiums.

I/We the undersigned hereby apply for insurance on the animal(s) described hereon, subject to the terms and conditions of the Policy to be issued and I/We warrant and declare the animal(s) described hereon to be in sound health and free from any illness, disease, lameness, injury or physical disability whatsoever at this time and that I/We have not withheld any information which would affect the Insurer's acceptance of my/our application for Livestock Insurance.

I/We further agree that this declaration shall be the basis of the insurance applied for and that there shall be no liability hereunder until this application has been accepted and a policy of insurance has been issued by the Insurer.

Signed (Applicant) \_\_\_\_\_ Date \_\_\_\_\_  
 Signed (Agent) \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only</b>	Effective Date	
Documents Received: <input type="checkbox"/> Vet Certificate <input type="checkbox"/> Bill of Sale or Justification of Value <input type="checkbox"/> Photos		