APX INSURANCE

info@apx-insurance.com | 4037 Pine Grove Road Versailles, KY 40383 | 859-533-5633

EQUINE MORTALITY APPLICATION

Desired Effective Date: _____

Applicant Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Is This ☐ New Business ☐ Renewal ☐ Additional Coverage Current Policy Number: _____

COVERAGE DESIRED

1. ☐ Full Mortality ☐ Medical Assistance $7,500 ☐ Major Medical $10,000 ☐ Major Medical $15,000
   ☐ Surgical ☐ Colic ☐ Loss Of Use ☐ Stallion Accident, Sickness & Disease
2. ☐ Specific Perils

ANIMAL INFORMATION

1. Name Of Animal: _____ Sire: _____ Dam: _____ Sex: _____ DOB: _____ Use: _____
   Breed/Registration No.: _____ Amount Desired: _____ Purchased Price/Stud Fee: _____
   Date Purchased: _____ Rate: _____ Premium: _____

2. Name Of Animal: _____ Sire: _____ Dam: _____ Sex: _____ DOB: _____ Use: _____
   Breed/Registration No.: _____ Amount Desired: _____ Purchased Price/Stud Fee: _____
   Date Purchased: _____ Rate: _____ Premium: _____

3. Name Of Animal: _____ Sire: _____ Dam: _____ Sex: _____ DOB: _____ Use: _____
   Breed/Registration No.: _____ Amount Desired: _____ Purchased Price/Stud Fee: _____
   Date Purchased: _____ Rate: _____ Premium: _____

ANIMAL INFORMATION CONTINUED

1. Are Any Of The Animals Listed Herein Financed Or Leased? ☐ Yes ☐ No
   If So, State Amount, When And To Whom Due. (Give Address): _____
2. Is There Any Other Insurance On Any Of The Animals Listed Herein? ☐ Yes ☐ No
3. Chiefly Kept On Premises Knows As. (Give Address): _____
4. Name And Address Of Trainer: _____
5. If Mare Is In Foal, Name Covering Stallion & Stud Fee Paid: _____
   Due Date: _____
6. Has Any Animal Above Named Been Afflicted With Any Disease Or Sickness Or Received Any Hurt Or Injury In The Past 12-Month Period? ☐ Yes ☐ No
   If So, Give Particulars: _____

7. Is Any Animal Named Above To Be Used As A Hunter/Jumper/Event Or For Racing? [ ] Yes [ ] No
If So, Explain Use: _____

8. Are The Eyes, Legs And Feet Of Every Animal Named Above In Normal Condition? [ ] Yes [ ] No

9. Has Any Animal Named Above Ever Had Colic Or Indigestion? [ ] Yes [ ] No
If So, How Often? _____ When was the last attack? _____
Give Cause Of Attack, If Known: _____

10. How Many Animals Did You Lose By Death In The Past 3 Years? _____ Cause Of Death? _____
Date Of Death: _____ Insured Amount Paid $: _____

11. How Many Other Animals Of This Type Do You Own? _____

12. Was The Purchase Price: [ ] Cash [ ] Trade [ ] Both
If Any Part Trade, State What Is Consisted Of, And State What Amount Of Cash Was Paid: _____

13. Do You Understand That It Is Required Under 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? [ ] Yes [ ] No

14. Has Any Other Company Ever Rejected An Application For Insurance Or Canceled A Policy On Any Of The Herein Described Animals? [ ] Yes [ ] No
Explain: _____

15. Have Any Of The Animals Listed Herein Been Previously Injured? [ ] Yes [ ] No
If So, Were Any Claims Submitted And/Or Paid? [ ] Yes [ ] No

STATEMENT OF CONDITION

		Horse 1	Horse 2	Horse 3
1.	Is The Horse Currently Sound And Healthy For Use Intended?	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
2.	Does The Horse Have Any Conformational Problems Or Defects, Illness Or Disease, Lameness, Injury Or Physical Disability Including But Not Limited To Laminitis/Founder, Ocd, Neurological Disorders, Navicular Disease And/Or Degenerative Disease?	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
3.	Has The Horse Had Any Colic Or Intestinal Disorder Within The Last 24 Months And If A Surgical Correction Was Made Was There A Resection?	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
4.	Has The Horse Been Nerved Or Received Any Surgical Treatment For Lameness?	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
5.	Has The Horse Been Examined Or Treated By A Veterinarian For Other Than Routine Care Within The Past Year?	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
6.	Has The Horse Undergone Diagnostic Ultrasound Or X-Rays Within The Last 36 Months?	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
7.	Has The Horse Received Any Joint Injections, Any Type Or Medication Long Or Short Term, Or Preventative Treatments In The Last 12 Months?	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
8.	For All Quarter Horses, Appaloosas Or Paints: Does The Horse Have An Ancestor Known To Carry HYPP?	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
	If "Yes" Please Indicate The HYPP Status.	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No

9. If "Yes" Was Answered To Any Question 2 Through 7, Please Provide Details _____

DECLARATIONS

I Declare To The Best Of My Knowledge And Belief That The Animal Or Animals Listed On The Above Schedule To Be 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, The Undersigned, Hereby Apply To Insure The Above Mentioned Animals Owned To Me, Subject To The Terms And Conditions Of The Policy To Be Issued, And 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.

Signature of Applicant _____ Date Signed: _____