LAUREL FOWLER
INSURANCE BROKER INC.

YOUR MANE INSURANCE SOURCE
877 Noyes Rd., Arroyo Grande, CA 93420
Phone: (805) 473-2227 Fax: (951) 600-9621
Lic #: 0B57610

Daren Humphries - Agent (949) 678-4706, CA Lic#:0G65477

NAME	
ADDRESS	DESIRED EFFECTIVE DATE
CITY, STATE, ZIP	PHONE ( )

☐ Full Mortality ☐ Major Medical ☐ Surgical ☐ Loss of Use ☐ AS & D ☐ Other

Horse Information

NAME OF HORSE	BREED	DATE OF BIRTH	SEX	USE
SIRE & DAM	REGISTRATION NUMBER	PURCHASE DATE	PURCHASE PRICE	AMOUNT OF INSURANCE

If the amount of insurance desired exceeds the purchase price, please provide a Justification of Value form.

1.	Are any of the animals listed herein financed or leased? ☐ Yes ☐ No If yes, please provide name and address of loss payee, along with amount due, if financed:
2.	If you purchased this horse 12 months ago or more did you insure the horse prior to this? ☐ Yes ☐ No Name of insurance carrier: Exp. Date: Any claims? ☐ Yes ☐ No If yes, please provide details:
3.	Name and address of premises horse is kept on:
4.	Name and location of trainer:
5.	Is horse to be used as a Hunter, Jumper, Eventer or for Racing? ☐ Yes ☐ No Please specify:
6.	If mare is in foal, please provide name of covering stallion: Stud fee paid: Estimated due date:
7.	If this is a homebred horse, please provide the stud fee paid to produce this horse:
8.	Has the above horse been afflicted with any disease or sickness or received any hurt or injury in the past 12 months? ☐ Yes ☐ No If yes, please provide diagnosis, treatment and dates:
9.	Has horse ever had colic or indigestion? ☐ Yes ☐ No Date of most recent incident: Cause: Was surgery performed? ☐ Yes ☐ No Resection?
10.	Are eyes, legs and feet of the above horse in normal condition? ☐ Yes ☐ No If not, please explain:
11.	Is the above horse currently sound and healthy for the use intended? ☐ Yes ☐ No If not, please explain:
12.	Have you lost any horses by death in the last 3 years? ☐ Yes ☐ No Date & cause of death:
13.	How many other horses do you own?
14.	Was the purchase price of the above horse paid in ☐ Cash ☐ Trade ☐ or Both? If any part was trade, please describe details
15.	Do you understand that it is required under the policy to give IMMEDIATE notice of any illness, injury, disease or death or your claim may be denied and do you agree to do so? ☐ Yes ☐ No
16.	Has any insurance company ever rejected an application for insurance or cancelled a policy on the above horse? ☐ Yes ☐ No If yes, please explain:
17.	Does any horse have an ancestor known to carry HYPP? ☐ Yes ☐ No If yes, please indicate the HYPP status: ☐ N/N ☐ N/H ☐ H/H

STATEMENT OF CONDITION AND DECLARATION

I declare to the best of my knowledge and belief that the animal listed above is in normal, healthy and sound condition and has been free of any ILLNESS, INJURY, DISEASE OR ACCIDENT.

I understand and agree that this Statement of Condition shall be basis of the insurance contract and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage, the insurance contract will be null and void.

I hereby apply to insure the above horse, subject to the terms and conditions of the policy to be issued.

I believe the above statements to be true and declare that no material facts have been withheld to my knowledge.

Signature of Applicant: _____ **Date:** _____

Signature must be no more than 30 days prior to effective date.