



103 South Oak Avenue Ste. 201
Mineral Wells, TX 76067
817-454-3443

No Vet Check Application
IMPORTANT - INCOMPLETE APPLICATIONS
ARE NOT ACCEPTABLE

Company:
Rate:
Misc:

Name of Owner(s):
Date:
Address of Owner(s):
City:
State:
Zip:
Business Phone:
Home Phone:

Table with columns: Name of Horse, Sex, Breed, Sire, Dam, Date of Birth, Date of Purchase. Includes sub-table for Acquisition details: Acquired From, How Acquired, Purchase Price, Exact Use, Amount of Insurance Desired.

- 1. Was a prepurchase exam done on this horse(s)?
2. Is the horse currently sound and healthy for the use intended?
3. For all Quarter Horses, Appaloosas, or Paint horses. Does the horse have an ancestor know to carry HYPP?
4. Does the horse have any past or present conformation problems, defects or ailments, illness or disease...
5. Has the horse had any colic or intestinal disorder within the last 36 months?
6. Has the horse been nerved or received any surgical treatment for lameness?
7. Has the horse been examined or treated by a veterinarian for other than routine care within the last year?
8. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months?
9. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months?
10. Does the horse receive any other medications/supplements?
11. Are there any other current or prior health conditions to which the horse has been exposed?

IF "YES" WAS ANSWERED TO ANY QUESTION(S) 3 THROUGH 10, PLEASE PROVIDE DETAILS BELOW. INCLUDE ONSET DATE, DIAGNOSIS, TREATMENT, HOW CONDITION RESOLVED, AND WHEN THE HORSE RETURNED TO FULL WORK.

12. Are you the sole owner of the horse(s)? YES NO (circle one) terms of contract Loss Payee/Additional Insured:
Full Address

13. If horse is being leased, please Indicate terms and or amount of annual lease involved.
14. Has any Insurance company ever cancelled any Insurance or refused to insure an animal(s) in which you had an insurable interest?
15. CONTACT OUR OFFICE FOR A PREMIUM AMOUNT IF YOU DESIRE MAJOR MEDICAL. 1-800-228-8664

I/We, the undersigned, hereby apply to insure the above mentioned animals owned my me, subject to the terms and conditions of the Policy to be issued, and I declare to the best of my knowledge and belief that the above statements are true and complete and that I have not withheld any material information.

I/We understand that immediate notice must be given to the Company upon any injury, illness, operation, disease, or death of an insured horse.

Date:

Signature of Owner(s) of above named animal(s)

(must be no more than 30 days prior to policy effective date)

**Updated Show / Breeding record for horses listed on front of this application.**

**HORSE A:** \_\_\_\_\_

Show accomplishments: \_\_\_\_\_

Money earned: \_\_\_\_\_

Titles / Awards / Current Standings: \_\_\_\_\_

Breeding information: Stud: \_\_\_\_\_ current stud fee: \_\_\_\_\_ Number of mares bred in past year: \_\_\_\_\_

Booking for upcoming year: \_\_\_\_\_

Get accomplishments: \_\_\_\_\_

Mare: \_\_\_\_\_ is she currently in foal: \_\_\_\_\_ Amount of stud fee: \_\_\_\_\_

Get accomplishments: \_\_\_\_\_

Average sale price of get: \_\_\_\_\_

Training: Training cost can be considered up to age five. Fifty percent of training costs are considered for additional coverage. If in training: Number of months to date: \_\_\_\_\_ cost per month: \_\_\_\_\_

Name of trainer: \_\_\_\_\_

Any additional information you feel would be important to justify the insured value on this horse: \_\_\_\_\_

**HORSE B:** \_\_\_\_\_

Show accomplishments: \_\_\_\_\_

Money earned: \_\_\_\_\_

Titles / Awards / Current Standings: \_\_\_\_\_

Breeding information: Stud: \_\_\_\_\_ current stud fee: \_\_\_\_\_ Number of mares bred in past year: \_\_\_\_\_

Booking for upcoming year: \_\_\_\_\_

Get accomplishments: \_\_\_\_\_

Mare: \_\_\_\_\_ is she currently in foal: \_\_\_\_\_ Amount of stud fee: \_\_\_\_\_

Get accomplishments: \_\_\_\_\_

Average sale price of get: \_\_\_\_\_

Training: Training cost can be considered up to age five. Fifty percent of training costs are considered for additional coverage. If in training: Number of months to date: \_\_\_\_\_ cost per month: \_\_\_\_\_

Name of trainer: \_\_\_\_\_

Any additional information you feel would be important to justify the insured value on this horse: \_\_\_\_\_

**HORSE C:** \_\_\_\_\_

Show accomplishments: \_\_\_\_\_

Money earned: \_\_\_\_\_

Titles / Awards / Current Standings: \_\_\_\_\_

Breeding information: Stud: \_\_\_\_\_ current stud fee: \_\_\_\_\_ Number of mares bred in past year: \_\_\_\_\_

Booking for upcoming year: \_\_\_\_\_

Get accomplishments: \_\_\_\_\_

Mare: \_\_\_\_\_ is she currently in foal: \_\_\_\_\_ Amount of stud fee: \_\_\_\_\_

Get accomplishments: \_\_\_\_\_

Average sale price of get: \_\_\_\_\_

Training: Training cost can be considered up to age five. Fifty percent of training costs are considered for additional coverage. If in training: Number of months to date: \_\_\_\_\_ cost per month: \_\_\_\_\_

Name of trainer: \_\_\_\_\_

Any additional information you feel would be important to justify the insured value on this horse: \_\_\_\_\_

**NOTE: ALL HALTER USE HORSES WILL BE HIGHER PREMIUM AND CAN ONLY BE INSURED FOR A MAXIMUM OF \$25,000. EXACT USE OF HORSE MUST BE NOTED ON THIS FORM FOR PROPER RATING AND COVERAGE**