



LEGISequine.com

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Application for Horse Insurance

Desired Effective Date: _____

Name and Address of Applicant: _____

Coverages Desired (please check)

Home Phone: _____
Cell Phone: _____
Work Phone: _____
Fax: _____

Full Mortality: (required)
Major Medical / Surgical:
\$5,000 \$7,500 \$10,000 \$15,000
Surgical Only: \$5,000 \$7,500 \$10,000
Loss of Use: **call for details**
Stallion Infertility: Air Transit:
Email: _____

Name of Horse and USEF or Breed Registration #	Breed	Sex	Date of Birth	Use	Date Acquired
Acquired from Name and Address			Purchase Price	Insured Amount	

- Are you the sole owner? Yes No If NO, list name of co-owner, mortgage holder, or lessor: _____
- Was purchase paid by Cash Trade Both Give particulars: _____
- Name/ Address of Loss Payee, if any (please provide copy of Lease Agreement): _____
- Address where horse will be stabled: _____
- Is animal healthy and capable of performing intended use? Yes No
If NO give details: _____
- Has animal ever been treated for accident, illness, or lameness? Yes No
Description of treatment: _____
- Has animal been wormed and vaccinated regularly? Yes No
Frequency: _____
- Is animal now insured? Yes No Previously insured: Yes No
What company and amount insured? _____
- Has any company cancelled or refused to renew your coverage? Yes No
If yes, give company, date, reason for company action: _____
- Has any horse owned by you died in the past three years? Yes No
If yes, state causes and dates: _____
- Are you insuring horses with another company? Yes No If yes, how many? _____ How are they used? _____
- Name and address of your regular vet: _____
- How long has vet treated the horse? _____

I understand that the signing and delivery of this application does not bind me to complete the insurance, nor the company to issue the policy, but each answer given in this application is a statement of fact which become a part of the policy should the policy be issued. By signing this application I acknowledge that I am aware that if any time it is discovered any of the statements of fact contained in this application are concealed or falsely stated, the policy may be modified, rescinded, or declared void from its inception at the sole opinion of the company and in accordance with any applicable state laws.

I hereby certify that the above named horse has not had any sickness, illness, injury or disease in the last 12 months. If so give date and description of treatment.

Applicant's Signature: _____ **Date:** _____