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Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Day) _____

(Cell) _____

E-mail: _____

Livestock Mortality Application and Statement of Condition (THIS IS NOT A BINDER)

Quote Option: _____

Desired Effective Date: _____

COVERAGE REQUESTED:

- | | | |
|---|---|---|
| <input type="checkbox"/> \$5,000 Major Medical | <input type="checkbox"/> \$5,000 Surgical | <input type="checkbox"/> Single Air Transit |
| <input type="checkbox"/> \$7,500 Major Medical | <input type="checkbox"/> \$7,500 Surgical | Shipping From: _____ |
| <input type="checkbox"/> \$10,000 Major Medical | <input type="checkbox"/> \$10,000 Surgical | |
| <input type="checkbox"/> \$15,000 Major Medical | <input type="checkbox"/> \$15,000 Surgical | Shipping date: _____ |
| <input type="checkbox"/> Colic Coverage | <input type="checkbox"/> \$5,000 Accident & Illness | |

Worldwide Coverage
Loss of Use (Call for Details)
Stallion Permanent Disability
(Call for Details)

PAYMENT OPTIONS (as available)

Full Payment

Two Payment Plan

Four Payment Plan

NAME OF HORSE OR PEDIGREE IF UNNAMED	USEF NUMBER OR REGISTRATION	SEX	BREED	USE	DATE OF BIRTH	DATE PURCHASED	PURCHASE PRICE OR STUD FEE	*AMOUNT OF INSURANCE DESIRED
A.								
B.								
C.								
D.								

- 1) Are you the sole owner? ☐ Yes ☐ No Details: _____
- 2) Was purchase paid by ☐ Cash ☐ Trade ☐ Both Details: _____
- 3) Name/ Address of Loss Payee, if any (please provide copy of Lease Agreement): _____

- 4) Are horse(s) now insured? ☐ Yes ☐ No Previously insured: ☐ Yes ☐ No
What company and amount insured? _____
- 5) Are the horse(s) currently sound and healthy for use intended? ☐ Yes ☐ No
- 6) Do the horse(s) 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
- 7) Have the horse(s) had any colic or intestinal disorder within the past 24 months, and if a surgical correction was made was a resection performed? ☐ Yes ☐ No
- 8) Have the horse(s) been nerved or received any surgical treatment for lameness?
☐ Yes ☐ No
- 9) Have the horse(s) been examined or treated by a veterinarian for other than routine care within the past year? ☐ Yes ☐ No
- 10) Have the horse(s) undergone diagnostic ultrasound or x-rays within the last 36 months?
☐ Yes ☐ No
- 11) Have the horse(s) received any joint injections, any type of medication long or short term, or preventative treatments in the last 12 months? ☐ Yes ☐ No

*Values other than the purchase price are subject to acceptance by the company. Competition records or details of prize winnings, performance, service fees, number of bookings, and other pertinent information must be submitted for consideration of stated values. Use the space below for details.

REMARKS / COMMENTS / SHOW RECORD: _____

I declare to the best of my knowledge and belief that the information provided on the horse(s) listed on the above schedule is complete and correct. I hereby certify that the above horse(s) have not had any undisclosed ILLNESS, INJURY, DISEASE, OR ACCIDENT in the time frames stated on this application.

If "yes" was answered to any questions 6 through 11, please provide date(s) and details:

I understand that the signing and delivery of this application does not bind insurance coverage, nor does it bind the company to issue the policy. I declare each answer given in this application is a statement of fact which becomes a part of the policy should the policy be issued. By signing this application I acknowledge that I am aware that if at 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.

Check this box if you would like your policy mailed to you instead of delivered electronically.

Signature: _____ Date: _____

NO APPLICATION WILL BE CONSIDERED IF NOT COMPLETED AND SIGNED BY THE INSURED WITHIN 30 DAYS OF INCEPTION.