

shadle Insurance



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American Reliable
Insurance Company
Equine Mortality

Name: \_\_\_\_\_ desired effective date: \_\_\_\_\_
Address: \_\_\_\_\_ New business ( ) Addition to current policy ( )
# \_\_\_\_\_
Phone: \_\_\_\_\_
e-mail: \_\_\_\_\_ - all policy documents will be delivered via e-mail

Table with 8 columns: Name, breed, Year of birth, Sex, Use, Date of purchase, How much did you pay at purchase, Amount of insurance (insured value). Rows 1-5.

- 1. Is there any other insurance on any of the animals listed herein or have you ever been denied coverage or had coverage cancelled for any animal listed herein? Yes ( ) No ( )
2. Has any animal listed been afflicted with any lameness, disease, sickness or received any injury? Yes ( ) No ( )
3. Have any of these animals had any type of injections (other than immunizations)? Yes ( ) No ( )
4. Has any animal listed ever had colic or gastro-intestinal disorders? Yes ( ) No ( )
5. Have you had a death to a horse in your care in the last 3 years? Yes ( ) No ( )
6. Are eyes, legs, and feet of each animal listed in normal condition? Yes ( ) No ( )
If you answered yes to any of the questions or no to # 6 please provide a detailed explanation below:
7. Does pedigree have HYPP or HERDA linkage? If tested, give results: HYPP HERDA
8. Do you understand that IMMEDIATE notice by telephone of any lameness, illness, injury, sickness, disease or death must be given or your claim may be denied and that an necropsy is required in every case of death at your expense, and do you agree to do so? (write in response) If they see the vet let us know so we can help!
9. Was the purchase price paid by cash, trade or both?

Desired coverage: (x) Full mortality & theft (insured value)
( ) \$15,000 Major Medical ( ) \$10,000 Major Medical ( ) \$7,500 Major Medical
( ) \$15,000 Major Medical Plus ( ) \$10,000 Major Medical Plus Plus Coverage available for horses valued at \$25,000 or more

Please Select a Payment Plan:
( ) Full pay ( ) Two pay for over \$500 in premium ( ) Four pay for over \$1000 in premium ( ) Eight pay for over \$1500 in premium
\$10.00 fee per invoice other than full pay

Statement of Condition:
I declare to the best of my knowledge and belief the animal or animals listed on the above schedule to be in normal healthy condition. I further declare that the above listed animals have been free from any lameness, illness, injury, disease or accident. I understand and agree that this certificate shall be the basis of the insurance contract and if anything is falsely stated or information withheld to influence the company's decision the insurance contract will be null and void.

I UNDERTAND THAT GENETIC OR PRE-EXISTING CONDITIONS WILL BE EXCLUDED FROM COVERAGE (PLEASE INTITAL)

Ownership:
The animal or animals listed above are not financed, leased or owned by anyone other than the insured. With the exception of (detailed description of financing, lease or ownership):

Signature of Insured

Date Signed

Application will not be considered if not fully completed and signed by the insured.