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

Name	breed	Year of birth	Sex	Use	Date of purchase	How much did you pay at purchase	Amount of insurance (insured value)
1							
2							
3							
4							
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,surgery, 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 Available for horses valued at $15,000 or more
( ) $15,000 Major Medical Plus ( ) $10,000 Major Medical Plus Plus Coverage available for horses valued at $25,000 or more

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 INTITIAL)

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.