



AGENT CONTACT  
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# APPLICATION FOR EQUINE INSURANCE

Desired Coverage Date: \_\_\_\_\_

## APPLICANT INFORMATION

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_
4. Email: \_\_\_\_\_

## COVERAGES DESIRED (PLEASE CHECK):

Full Mortality       Other (please specify): \_\_\_\_\_

Major Medical Surgical:  
 \$7,500      \$10,000      \$12,500      \$15,000

Check here to Waive the Major Medical/Surgical Diagnostic Co-Insurance clause (additional \$150 premium applies).

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Payment Terms:      **Annual** (pay in full)      **2-Pay** (min. premium of \$400)      **4-Pay** (min premium of \$600)

Name & Registration# Breeding (Sire/Dam)	Date of Birth	Sex	Breed	Use	Purchase Price & Date	Requested Sum Insured**
A.						
B.						
C.						
D.						
E.						

\*\*Values other than recent purchase price are subject to Company acceptance. Must submit justification of value form to underwriters.

1. Is the applicant the sole owner of horse(s) .....  Yes  No  
 If horse(s) being leased, indicate terms and/or amount of annual lease by attaching copy of lease agreement.  
 If horse(s) financed, give details: \_\_\_\_\_
2. Was purchase private or by auction and was price paid by cash, trade or both? \_\_\_\_\_  
 Give details: \_\_\_\_\_
3. Where are horses usually stabled? Name, address and telephone number of usual trainer or farm manager: \_\_\_\_\_
4. Name, address and telephone number of regular veterinarian: \_\_\_\_\_
5. a. To your knowledge, has horse(s) suffered an accident, sickness or disease in the last 2 years? ..... Yes No  
 If YES, give details: \_\_\_\_\_
- b. Are there any current lameness issues? ..... Yes No  
 If YES, give details: \_\_\_\_\_
- c. Has horse(s) ever had colic or any intestinal disorders? ..... Yes No  
 If YES, how often? \_\_\_\_\_  
 Give cause & date of last episode(s): \_\_\_\_\_

- d. Has horse(s) had any veterinary treatment including joint injections or any type of medication (long- or short-term) or any preventative treatments (other than routine preventative inoculations) in the last 2 years? ..... Yes No  
 If YES, give details: \_\_\_\_\_
- Has horse(s) been wormed and vaccinated regularly? ..... Yes No  
 Frequency: \_\_\_\_\_
- f. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the horse(s) are kept? ..... Yes No  
 If YES, give details \_\_\_\_\_
- g. Has above horse(s) suffered from melanomas, sarcoids, warts or other type of growth? ..... Yes No  
 If YES, give details \_\_\_\_\_
- h. Has any surgery been performed on any above horse(s)? ..... Yes No  
 If YES, give details & dates: \_\_\_\_\_
- i. Has horse(s) been vaccinated against West Nile Virus? ..... Yes No
- j. Has horse(s) ever been treated for navicular, arthritis or degenerative joint disease? ..... Yes No  
 If YES, give details: \_\_\_\_\_
- k. Has horse(s) undergone any diagnostic ultrasound, bone scan or x-rays within the last 2 years? Yes No  
 If YES, give details: \_\_\_\_\_
6. a. Are horse(s) now insured? ..... Yes No  
 b. Previously insured? ..... Yes No  
 If YES to either question, give Company, date and amount: \_\_\_\_\_
- c. Has any Company cancelled or refused to renew your coverage? ..... Yes No  
 If YES, give Company date and reason given for company action: \_\_\_\_\_

**THIS STATEMENT:**

Is acceptable for horses valued at \$100,000 or less, 91 days of age through 15 years of age and horses that have not had any illness, injury, lameness or disease. A satisfactory veterinary certificate will be required for all others. I/We certify to the best of my knowledge that the above named horse(s) have not had any illness, injury, lameness or disease, including, but not limited to, colic, colic surgery, nerving, degenerative joint disease, laminitis or founder (except as noted above) within the past twelve (12) months. I understand that coverage is void if any material fact has been omitted, concealed or misrepresented on this form.

I/We understand and agree this is not a binder, but merely an application for Insurance. Signing this form is acknowledgement by the applicant that this Form shall be the basis of the Contract should a Policy be issued. I/We declare that to the best of my knowledge and belief, the above statements are true and complete and that I/We have not withheld any material information. Should a policy be issued, if anything be falsely stated or information withheld to influence the Company decision, the insurance contract shall be null and void.

***I/We also understand that it is required under the issued policy to give immediate notice and full details of any lameness, illness, injury or death of the horse(s) by telephone to the Company.***

**Signature of Applicant(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**\*\*Policies will only be sent via email - Please Print Clearly.**

**Check here to have a paper copy mailed to you.**