

**AGRICULTURAL INSURANCE COMPANY –
EQUINE DIVISION**

SYPOLT INSURANCE SERVICES, INC.
11344 Coloma Road, Suite 635
Gold River CA 95670
Tel: 916-669-1362 or 800-995-4770
Fax: 916-669-1363

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED AND THE VETERINARIAN.

Desired Effective Date: _____

Coverage Desired (please check):

1. Name of Applicant _____

- A. Full Mortality B. Named Perils
 Major Medical Optional Perils
 Surgical
 Loss of Use
 Accident, Sickness & Disease
 Congenital Infertility

2. Address _____

3. Telephone Number _____

4. Is this: New Business, A Renewal, Additional Coverage, Current Policy Number _____

5. Are any of the animals listed herein financed? _____ In so, state amount, when and to whom due. (Give address) _____

6. Is there any other insurance on any of the animals listed herein? _____

7. Chiefly kept on premises know as _____ (Give complete address of location.)

8. Name and address of trainer _____

1	Name of Animal	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed/Registration Number	Dam		DOB	Date Purchased	Rate	
2	Name of Animal	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed/Registration Number	Dam		DOB	Date Purchased	Rate	

9. If mare in foal, name covering stallion & stud fee paid. _____ If raised foal, give stud fee. _____

10. Has any animal above named been afflicted with any disease or sickness or received any hurt or injury in the past 12-month period? _____
If s, give particulars. _____

11. Is any animal named above to be used as a hunter / jumper / eventer or for racing? _____ If so, explain use. _____

12. Are eyes, legs and feet of every animal named above in normal condition? _____

13. Has any animal named above ever had colic or indigestion? _____ If so, how often? _____
When was last attack? _____ Give cause of attack, if known. _____

14. How many animals did you lose by death in the last 3 years? _____ Give cause of attack, if known. _____
Date of death _____ Insured amount paid \$ _____ How many other animals of this type do you own? _____

15. Was purchase price necessary cash, trade or both? If any part trade, state what is considered of, and state what amount of cash was paid. _____

16. Do you understand that it is required under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY, DISEASE OR DEATH or
Your claim may be denied, and do you agree to do so? _____

17. Has any company ever rejected an application for insurance or cancelled a policy on any of the herein-described animals? _____ Explain. _____

STATEMENT OF CONDITION

I declare to the best of my knowledge and belief that the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

DECLARATION

I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief the statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Date _____ Signature of Applicant _____

SUBSTANTIATION FOR INSURANCE VALUES

AMOUNTS OTHER THAN THE PURCHASE PRICE ARE SUBJECT TO ACCEPTANCE BY THE COMPANY FOR CONSIDERATION OF INCREASE AND/OR STATED VALUES. Please indicate below each animal's records (if any) of Show (class points), Racing (wins earned), Sires (stallion), and Produce (mares). Also include details of Prize winnings, stud fees, value of progeny (full brother-sister) sold-raced-shown, additional cash investments, and other pertinent data relating to value (attach additional Sheets as required):

	Name	Information
(1)	_____	_____
	_____	_____
	_____	_____
(2)	_____	_____
	_____	_____
	_____	_____

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

(Not necessary for Specified Perils Coverage – F.L.T.)

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining veterinarian to the best of his ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, _____, do hereby certify that I am a graduate veterinarian holding a current license as such to

Practice in the State of _____ And that I have this day examined:

1. Name _____
Age Color Sex Breed

2. Name _____
Age Color Sex Breed

Owned by _____
Age Color Sex Breed

Name	Address		Zip		
	Yes	No	Yes	No	
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	History of colic?	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	Has horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated?	<input type="checkbox"/>	<input type="checkbox"/>	Has any surgery been performed on the horse?	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	If mare, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>
History of laminitis / founder?	<input type="checkbox"/>	<input type="checkbox"/>	If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>

Date last wormed _____ How often wormed? _____

If any surgery has been performed, describe type of surgery and date _____

If surgery has been performed, has horse fully recovered: _____

Is there any likelihood of future danger to life or limb as a result of such surgery? _____

Any lameness or faulty conformation or other abnormal conditions? _____

Is the stabling adequate? _____ Is there evidence of vices or objectionable habits? _____

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? _____

Are you the regular veterinarian for this horse or client? _____

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE HORSE IS, EXCEPT AS NOTED, SOUND.

Remarks _____

Signed _____ Date of Exam _____
Veterinarian

Address _____ Phone Number including Area Code _____

