

STERLING THOMPSON EQUINE

INSURANCE SINCE 1887

HORSE OWNER'S APPLICATION

email form to: equineuw@sterlingthompson.com

Name & Address of Applicant: _____

Phone: Day _____ Evening: _____ Fax: _____ Email: _____

COVERAGE REQUESTED (please check box)

Full Mortality Territory Ext/Aviation Colic Only Loss of Use Accident/Illness Only

Medical including Surgery: \$7,500 or \$10,000 or \$12,500 or \$15,000 Waive Copay

Surgical Only Limits: \$2,500 or \$5,000 or \$7,500 or \$10,000 or \$20,000

HORSE INFORMATION

#	Name	Year Foaled	Sex	Breed	Use	Purchase Amount	Date Acquired	Amount to Insure
1								
2								

Please answer the following questions:

		Horse 1	Horse 2
1	Does the horse receive quarterly deworming?		
2	Is the horse vaccinated as recommended by your Vet?		
3	Are there currently any health or lameness issues?		
4	Has the horse been nerved or had any surgical treatments for lameness?		
5	Has the horse been examined or treated by a Vet for other than routine care in the last 12 months?		
6	Has the horse had any colic or any intestinal disorder in the last 12 months?		
7	Has the horse ever had colic surgery or laminitis?		
8	Has the horse ever been diagnosed with navicular, arthritis, bone chips, or degenerative joint disease?		
9	Does the horse have any evidence of sarcoids or melanomas?		
10	If a mare, has she ever had any birthing difficulties?		
11	Is the horse financed, leased or are there any other owners?		
12	Was the purchase price paid by cash, trade or both?		
13	Is there any other insurance on the horse?		
14	Has any company cancelled or refused to renew your coverage?		

If Yes was answered to questions 3-14 above, please provide specific details: _____

If not a new purchase, please supply current show record notes, breeding record or appraisal. Attach separate page if necessary

Coverage will not be considered unless this form is completed, signed & dated & received within 10 days of completion.

I declare to the best of my knowledge that the horses named above are currently and have been in sound health and free from any injury, illness, disease or disability of any kind. If this is a renewal of my policy coverage, I declare that during the past policy year the horses listed above have been free from any injury, illness, disease or disability of any kind.

I hereby understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or policy issued.

Signature of Applicant: _____ Date _____

This is not a binder.

Insurance Specialist
WADE ELLERBROEK
(712)-261-2208

wade@ellerbroekandassociates.com





STERLING THOMPSON EQUINE

INSURANCE SINCE 1987

Name _____ Policy No _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____

To order your new/renewal coverage, kindly sign and date this certificate, after reading the Statement of Condition carefully. This certificate MUST be returned before the expiration date of the policy or a new veterinary certificate will be required. Do not sign and return earlier than 30 days before the expiration date.

#	Name	Breed	Sex	Age	Use	Purchase Price/Date	Amount Of Insurance
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____

		Horse 1	Horse 2
1	Is the horse currently sound and healthy for use intended?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2	Does the horse 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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3	Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made was there a resection?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4	Has the horse been nerved or received any surgical treatment or lameness?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5	Has the horse been examined or treated by a veterinarian for other than routine care within the past year	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6	Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7	Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8	If mare, is she in foal?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	If "YES" please give last service date and covering stallion name	_____	
9	For All Quarter horses, Appaloosas or Paints. Does the horse have an ancestor known to carry HYPP?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	If "YES" please indicate the HYPP Status.	<input type="radio"/> N/N <input type="radio"/> N/H <input type="radio"/> H/H	<input type="radio"/> N/N <input type="radio"/> N/H <input type="radio"/> H/H
10	If "YES" was answered to any question 2 through 7, please provide details below.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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 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 the 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.

Signature of Insured _____

Date _____

MAIN OFFICE

401 W. Main St. ste 1200 Louisville, Kentucky 40202 | sterlingthompson.com | Office: 502.585.3277

wade@ellerbroekandassociates.com