



MORTALITY INSURANCE APPLICATION



McNamara Company
 1330 Hwy 96 E · St. Paul, MN 55110
 Phone: 800-278-0607 · 651-426-0607
 Office Fax: 651-426-5790
 www.BuyHorseInsurance.com

Name and Address of Applicant:

E-mail: _____

Please note that unless specifically requested otherwise, all policies and documents will be sent by e-mail.

Primary Phone: _____ Cell Home Work

Other Phone: _____ Cell Home Work

AGENT: Debbie Treadwell

◆ Desired Effective Date: _____

◆ Approval of date by Company is subject to receipt of application, satisfactory underwriting information, and required health information.

	NAME OF HORSE & REGISTRATION # (or Sire x Dam if not registered yet)	BREED	SEX	EXACT USE	DATE OF BIRTH	PURCHASE DATE	PURCHASE PRICE	INSURED AMOUNT
A								
B								
C								
D								

* G-Gelding, M-Mare, S-Stallion If requested value exceeds purchase price, please provide value substantiation on next page. The insured amount should not exceed the horse's current fair market value. Please note that a recent purchase cannot be insured for more than the purchase price.

Mortality coverage desired:

Horse: **A B C D**

Full Mortality Coverage- including Free Colic Surgery coverage – * Subject to policy wordings

Optional Coverage desired: (Additional premium required)

Horse: **A B C D**

- \$ 7,500 Major Medical and Surgical – Specify Deductible Per Claim _____ Co-Pay: _____
- \$10,000 Major Medical and Surgical – Specify Deductible Per Claim _____ Co-Pay: _____
- \$15,000 Major Medical and Surgical – Specify Deductible Per Claim _____ Co-Pay: _____
- Surgical Only – Specify Benefit Level _____
- Stallion Infertility for A, S & D
- Territorial Limits for horses located outside the United States or Canada (must complete question 21 below)
- Transit coverage for horses being imported/exported (provide details in question 21 below.)
- Other Coverage: _____
- Embryo or Pro-Foal coverage - requires a different application and vet exam, contact us for details.

- Are you the sole owner of the horses? Yes No If "No", please provide your interest in the horse(s) and list the owner(s) of each horse.
- Are the horses healthy and sound for the use intended without the use of medications? If not, please provide dates and details.
- For all Quarter Horses, Appaloosas, or Paint horses. Does any horse have an ancestor known to carry HYPP? Please indicate: Yes No
If "Yes" please indicate the HYPP status (N/N, N/H, H/H) for each horse. (Note: Coverage will not be considered without the disclosure of HYPP status.)
- Has any horse had any past or present conformation problems, defects or ailments, illness or disease, injury or physical disability? If yes, please provide detailed explanation with dates.
- Has any horse had any lameness problems including but not limited to: OCD, neurological disorders, navicular disease, arthritis, and/or degenerative joint disease? If yes, please provide detailed explanation with dates.
- Has any horse been nerved or received any surgical treatment for lameness? If yes, provide details and dates.
- Has any horse had any colic or intestinal disorder past or present? If yes, explain details and dates.
- Has any horse been examined or treated by a veterinarian for anything other than routine care? If yes, explain details and dates.
- Has any horse undergone diagnostic ultrasounds, X-rays, or bone scans? If yes, why, and what were the results and dates?
- Has any horse received any joint injections? If yes, please specify joints injected, dates, and reasons for injections.

11. Has any horse received any type of medication long or short term, or any preventative treatments in the last 12 months? If yes, please provide detailed explanation and dates.
12. Does any horse receive any other medications/supplements? If yes, please provide detailed explanation.
13. Has any horse been treated for hoof problems, founder/laminitis, or rotation of the coffin bone? If yes, provide details and dates.
14. Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months? If yes, provide details and dates.
15. Name of previous Insurance Company, if any. If coverage is still in place, please provide the expiration date to avoid duplicate coverage.
16. Has any insurer ever declined, imposed restrictions, or refused to renew your horse insurance? If yes, give details.
17. Have you filed insurance claims in the past three years for any of the proposed horses? If yes, please state name of company, name of horse, and amount paid.
18. If any horse is a recent purchase, was a Pre-Purchase exam completed? Yes No N/A If yes, please include a copy of the exam with your application.
19. I understand that immediate notice must be given to the company upon any injury, illness, operation, disease, or death of an insured horse? (Check box)
Failure to do so may jeopardize the ability of a company to pay a claim. We also recommend you retain proof of purchase (bill of sale or cancelled check).
20. State name, full address, and phone number of your usual veterinarian for the horses proposed.
21. Will any horse be outside the continental United States or Canada during the coverage period? If yes, give details including dates and locations for coverage consideration. *(Note: If any horse may later travel outside the continental United States or Canada, the company needs prior written notification for coverage consideration.)*

VALUE SUBSTANTIATION:

SHOW RESULTS FOR LAST 12 MONTHS – *Include show ratings / level and winnings where applicable. If applicable, include USEF registration # and/or breed registration #. Attach separate sheet if necessary.*

TRAINING RECORD – *Description of additional training the horse has received since purchase. Please specify name of trainer, dates in training, and charge per month, not including board, vet, farrier, or other charges. Please specify the horse's current capabilities. Attach separate sheet if necessary.*

STALLION QUESTIONS – *If AS&D coverage is also desired, please complete the Stallion AS&D Supplemental Application. Please provide current stud fee, mares bred last full season, mares booked for current season, and bookings for next season. Also include average sales price of offspring, and offspring performance records. Attach separate sheet if necessary.*

BROODMARE QUESTIONS – *Please provide stallion bred to, due date, year of last foaling, and foaling record. Also include average sales price of offspring, and offspring performance records. Attach separate sheet if necessary.*

FOAL / YEARLING / YOUNG HORSE QUESTIONS – *Please provide sire / dam, stud fee of sire, and sale prices and/or performance records of full / half siblings. Attach separate sheet if necessary.*

Additional information or comments:

DECLARATION

I, the undersigned, hereby apply to insure the above mentioned horse(s), subject to the terms and conditions of the Policy to be issued, and I declare to the best of my knowledge and belief that the above 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.

Signature of applicant(s) of above named horse(s)

Date of Birth: _____ Signature Date: _____
(must be no more than 30 days prior to policy effective date)