



EQUINE APPLICATION

www.classiconweb.com

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NAMED INSURED	PHONE	REQUESTED DATE
ADDRESS	FAX	
CITY STATE ZIP	E-MAIL / WEB	

1	NAME	SEX	D.O.B.	PURCHASED FROM	PURCHASE PRICE
		BREEDING	EXACT USE	BREED	DATE OF PURCHASE
2	NAME	SEX	D.O.B.	PURCHASED FROM	PURCHASE PRICE
		BREED	EXACT USE	BREED	DATE OF PURCHASE
3	NAME	SEX	D.O.B.	PURCHASED FROM	PURCHASE PRICE
		BREED	EXACT USE	BREED	DATE OF PURCHASE

If not sole owner, list others, percentage of ownership, and whether their part is to be insured.

		%	Y	N
1				
2				
3				

With whom are animals kept? Give Name & City.

		Owner	Farm	Trainer
1				
2				
3				

OPTIONAL COVERAGES (IF AVAILABLE)						
	SURGICAL		MAJOR MEDICAL		LOSS OF USE	AV / GR
	\$2,500	\$5,000	\$2,500	\$5,000		
1						
2						
3						

Are animals now insured? Y N Previously insured? Y N What company and amount? _____

Has any company cancelled or non-renewed your coverage? Y N Give date and reason:

Have any animals of yours died in the last 3 years? Y N Details:

Are you insuring animals with another company? Y N Details:

Signature _____
 EQAPP 0601

Date _____

SUBSTANTIATION OF VALUES FOR HORSES NOT INSURED AT PURCHASE PRICE

RACEHORSES (RECORDS & EARNINGS CURRENT & PAST YEAR)

STALLIONS (STUD FEE & NO. PAID CURRENT & PAST YEAR)

BROODMARES (STUD FEE DUE, YLG AVG)

OTHERS

VETERINARIAN'S EXAMINATION	1		2		3	
1 Is there any respiration problem?	Y	N	Y	N	Y	N
2 Any eye problems?	Y	N	Y	N	Y	N
3 Any heart problem (i.e., enlarged)?	Y	N	Y	N	Y	N
4 Any evidence of stenosis or other murmur?	Y	N	Y	N	Y	N
5 Any history or evidence of bleeder?	Y	N	Y	N	Y	N
6 Any history or evidence of nerving?	Y	N	Y	N	Y	N
7 Any horse been fired or blistered?	Y	N	Y	N	Y	N
8 Have any operations been performed?	Y	N	Y	N	Y	N
9 Has any horse been ill in the past 12 months?	Y	N	Y	N	Y	N
10 Any likelihood of future impairment due to 8 or 9?	Y	N	Y	N	Y	N
11 Any lameness, unsoundness, faulty conformation?	Y	N	Y	N	Y	N
12 If mare, is she in foal?	Y	N	Y	N	Y	N
13 Any past breeding or foaling problems?	Y	N	Y	N	Y	N
14 If male, are testicles normal?	Y	N	Y	N	Y	N
15 Any vices or objectionable habits?	Y	N	Y	N	Y	N
16 Any indication of contagious disease on premises?	Y	N	Y	N	Y	N
17 Any other medical facts affecting insurance?	Y	N	Y	N	Y	N
Comments:						
FOALS UNDER 150 DAYS	Was birth normal?			Is foal an orphan?		
	Medications?			IgG normal?		

VETERINARIAN'S SIGNATURE

DATE