Kay Cassell
EQUINE INSURANCE

147 Wheelock Road, Jonesborough, TN 37659
Toll free (800) 230-8384 | Fax (423) 477-0178
cassellinsurance@yahoo.com | kaycassell.com

Equine Insurance Application

Please complete every section and sign page 2. Type into the shaded fields, or print and fill in by hand.

Desired effective date

This application is for: ☐ New ☐ Renewal ☐ Additional coverage

Current policy # (if any)

APPLICANT INFORMATION

Name

Address

City, State, Zip

Phone (home) Phone (office)

Email

COVERAGE DESIRED (check all that apply)

☐ Full mortality ☐ Major medical ☐ Surgical ☐ Colic ☐ Additional $10K colic

☐ Accident, sickness and disease (AS&D) ☐ Loss of use ☐ Transit

PAYMENT METHOD

☐ Annual ☐ Installment ☐ Direct bill

ANIMAL INFORMATION

1. Name | Breed | DOB | Sex | Use | Insured amount | Rate* | Premium*

Registration no. | Dam | Sire | Purchase price | Purchase date

2. Name | Breed | DOB | Sex | Use | Insured amount | Rate* | Premium*

Registration no. | Dam | Sire | Purchase price | Purchase date

3. Name | Breed | DOB | Sex | Use | Insured amount | Rate* | Premium*

Registration no. | Dam | Sire | Purchase price | Purchase date

4. Name | Breed | DOB | Sex | Use | Insured amount | Rate* | Premium*

Registration no. | Dam | Sire | Purchase price | Purchase date

* Rate and premium will be completed by our office.

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PLEASE ANSWER THE FOLLOWING QUESTIONS

1.	Is the horse currently sound and healthy for its intended use?	☐ Yes	☐ No	
2.	Does the horse have any conformational problems or defects, illness or disease, lameness, injury or physical disability?	☐ Yes	☐ No	
3.	Has the horse had any colic or intestinal disorder within the last 24 months?	☐ Yes	☐ No	
4.	Has the horse been nerved or received any surgical treatment for lameness?	☐ Yes	☐ No	
5.	Has the horse been examined or treated by a veterinarian for other than routine care within the past year?	☐ Yes	☐ No	
6.	Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months?	☐ Yes	☐ No	
7.	Has the horse received any joint injection, any type of medication, or preventative treatments in the last 12 months?	☐ Yes	☐ No	
8.	Has the horse ever had sarcoids or melanomas?	☐ Yes	☐ No	
9.	Quarter Horse / Appaloosa / Paint: does the horse have an ancestor known to carry HYPP or HERDA? If so, indicate HYPP or HERDA status.	☐ Yes	☐ No	
10.	If the mare is in foal, name the stallion and stud fee paid.			
11.	Are any of the animals listed financed or leased? If so, please provide a copy of the lease agreement.	☐ Yes	☐ No	
12.	Has any company ever denied or rejected an application for insurance or cancelled a policy on any of the above animals?	☐ Yes	☐ No	
13.	Is there any other insurance on any of the above animals? Have you had insurance on any of them in the past? If no, reason for insuring now. If yes, were there any losses or claims on the previous policy?	☐ Yes	☐ No	
14.	How many animals have you lost by death in the last 3 years?			
15.	Was the purchase price cash, trade or both? If any part was trade, please provide details.	☐ Yes	☐ No	
16.	Location of horse if not at the residence of the named insured.			
17.	Do you understand that the policy requires immediate notice by telephone of any illness, injury, disease or death, or your claim may be denied, and do you agree to do so?	☐ Yes	☐ No	

If you need more space, please attach a separate sheet.

STATEMENT OF CONDITION

I declare to the best of my knowledge and belief the animal or animals listed above to be in normal, healthy, sound condition and free from any illness, injury, disease or accident during the past 12 months. I certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld. Signing this form does not bind the applicant to complete the insurance. I understand and agree that this form will be the basis of the insurance contract and if anything is falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Applicant signature _____ Date _____

Return your completed, signed application:

Email: cassellinsurance@yahoo.com Fax: (423) 477-0178 Mail: 147 Wheelock Road, Jonesborough, TN 37659

Questions? Call us toll free at (800) 230-8384.