



EQUINE APPLICATION



1. Desired Effective Date: _____ Name of Applicant: _____
2. Address: _____
3. Telephone: _____ Email Address: _____
4. New Business Renewal Additional Coverage: _____
5. Are any of the animals listed herein financed or leased? _____
6. Is there any other insurance on any of the animals listed herein? _____
7. Chiefly kept on premises known as: _____
8. Name and address of trainer: _____
9. If mare is 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? Yes No If so, give particulars. _____
11. Are eyes, legs and feet of every animal named above in normal condition? _____
12. Has any animal named above ever had colic or indigestion? _____ If so, how often? _____
When was the last attack? _____ Give cause of attack, if known: _____
13. How many animals did you lose by death in the last 3 years? _____ Cause of death? _____
14. Purchase price: If any part trade, state what is consisted of, and state what amount of cash was paid. _____
15. 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? _____
16. Has any company ever rejected an application for insurance or cancelled a policy on any of the herein described animals? _____

PLEASE CHECK COVERAGE DESIRED

- A. Full Mortality
 Major Medical \$10,000
 Major Medical \$15,000
 Transit
 European Extension
- B. Named Perils
 Optional Perils

1	Name:	Use:	Sex:	Purchase Price:	Amount Desired:	Premium:
	Breed:		DOB:	Purchase Date:	Rate:	Major Med:
2	Name:	Use:	Sex:	Purchase Price:	Amount Desired:	Premium:
	Breed:		DOB:	Purchase Date:	Rate:	Major Med:
3	Name:	Use:	Sex:	Purchase Price:	Amount Desired:	Premium:
	Breed:		DOB:	Purchase Date:	Rate:	Major Med:

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 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.

DECLARATION

I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to terms and conditions in the policy to be issued, and I declare to the best of my knowledge and belief the above statements are true and complete and 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. If any information is falsely stated or withheld to influence the company's decision, the insurance contract will be null and void.

Date: _____ Signature of Applicant: _____

Connect with us:

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G2 EQUINE
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