



2130 Point Boulevard, Suite 150 • Elgin, IL 60123 • Phone 800.734.0598 • Fax 847.844.8284 • info@hallmarkhorse.com • www.hallmarkhorse.com

## Renewal Application

Name and Address of Applicant: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Phone: \_\_\_\_\_  Cell  Home  Work

Other Phone: \_\_\_\_\_  Cell  Home  Work

Last Year's Policy Number: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

Name of Horse	Breed	Sex*	Exact Use / Level	Year of Birth	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. 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.

Loss Payee or Additional Insured Name: \_\_\_\_\_

*(Please indicate on which horses Loss Payee or Additional Insured Name applies.)*

- Is the horse(s) currently sound and healthy for the use intended without the use of medications? Yes  No
- Has the horse(s) had any past or present conformation problems, defects or ailments, illness or disease, injury or physical disability? Yes  No
- Has the horse(s) had any lameness problems, including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, arthritis, and/or degenerative joint disease? Yes  No
- Has the horse(s) had any colic or intestinal disorder within the last 36 months? Yes  No
- Has the horse(s) been nerved or received any surgical treatment for lameness? Yes  No
- Has the horse(s) been examined or treated by a veterinarian for anything *other* than routine care within the last year? Yes  No
- Has the horse(s) undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes  No
- Has the horse(s) received any joint injections in the last 12 months? If yes, please specify joints injected, dates, and reasons for injections below. Yes  No
- Has the horse received any type of medication long or short term, or any preventative treatments in the last 12 months? Yes  No
- Does the horse(s) receive any other medications/supplements? Yes  No
- Are there any other current or prior health conditions to which the horse(s) has been exposed? Yes  No
- Will any horse be outside the continental United States or Canada during the coverage period? Yes  No   
If "Yes", please provide details including dates and locations for coverage consideration: \_\_\_\_\_

**If the answer to question 1 is "No" for any horse, please indicate the horse and provide details below. If "Yes" was answered to any question(s) 3 through 12, please indicate the horse and provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work. (Use next page if needed.)**

**Please provide current information on the horse(s) show/competition record, training, or breeding information on next page.**

*I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.*

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

Date: \_\_\_\_\_  
*(must be no more than 30 days prior to policy effective date)*

**Mortality coverage desired:**

Horse:  A  B  C  D Full Mortality Coverage (including Free Colic Surgery coverage\*, Guaranteed Extension, Value Endorsement) – \* Subject to policy wordings  
    Named Perils Coverage

**Please check additional coverages desired.** Additional premium is required.

Horse:  A  B  C  D Major Medical and Surgical (annual limit \$7,500, not to exceed the horse's insured mortality limit) – Premium Fully Earned  
    Major Medical and Surgical (annual limit \$10,000) – Premium Fully Earned  
    Major Medical and Surgical (annual limit \$15,000) – Premium Fully Earned  
    Surgical Only – Premium Fully Earned  
    Colic Medical and Surgical – Premium Fully Earned  
    External Injury Only Loss of Use (Plan B)  
    Stallion Infertility for A, S & D  
    Third Party Liability – Premium Fully Earned  
    Territorial Limits Including Transit – Premium Fully Earned



2130 Point Boulevard, Suite 150 • Elgin, IL 60123 • Phone 800.734.0598 • Fax 847.844.8284 • info@hallmarkhorse.com • www.hallmarkhorse.com

*Please be sure to complete the following when renewing.*

1. Sign the application
2. Date the application -**You must sign and date this form no more than 30 days prior to the expiration date of your policy.**
3. Explain any injury, illness, disease or accident that occurred in the last 36 months and whether or not that condition has resolved.
4. Enclose veterinary certificate (if required).
5. Enclose payment by check, or give instructions for payment by credit card below.

*COMMENTS - Please use this section if you need to address a specific change on the policy or health concern.*

---



---



---



---



---



---

**Credit Card Payment Information**

Please charge my premium to:     VISA     MASTERCARD     DISCOVER     AMEX

Amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

OR

Pay online at <http://hallmarkhorse.com/payment.asp>

Customer Signature: \_\_\_\_\_

**Payment Plans**

Payment plans are available. Please note a \$25 - \$40 administration charge applies to the first payment. If you would like a payment plan, please call our office to make arrangements.