Hallmark
Equine Insurance Agency

2175 Point Boulevard Suite 185 ● Elgin, IL 60123 ● Phone 800.734.0598 ● Fax 847.844.8284 ● info@hallmarkhorse.com ● www.hallmarkhorse.com

Equine Mortality Application

Name and Address of Applicant:

E-mail: _____

Phone: _____ Cell Home Work

Other Phone: _____ Cell Home Work

◆ Desired Effective Date: _____

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

Name of Horse	Breed	Sex*	Height	Exact Use / Level	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.
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*, Guaranteed Extension, Value Endorsement) – * Subject to policy wording*
Named Perils Coverage

Please check additional coverages desired. Additional premium is required.

Horse: A   B   C   D

Equine Catastrophic Accident and Illness *(annual limit $5,000)*
Equine Medical and Surgical *(annual limit $7,500)*
Equine Medical and Surgical *(annual limit $10,000)*
Equine Medical and Surgical *(annual limit $15,000)*
Full Loss of Use (Plan A)
External Injury Only Loss of Use (Plan B)
Stallion Infertility for A, S & D
Third Party Liability – *Premium Fully Earned*
Territorial Limits Including Transit (Must complete question 18 below.) – Premium Fully Earned

1. Are you the sole owner of the horse(s)? If not, list owners, other party, bank or lienholder to be named on the policy.

2. Are the horses healthy and sound for the use intended without the use of medications?

3. 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.)*

4. Has any horse had any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: OCD, neurological disorders, navicular disease, and/or degenerative joint disease? If yes, please provide detailed explanation, including onset date and whether or not the issue is resolved.

5. Has any horse been nerved or received any surgical treatment for lameness? If yes, explain.

6. Has any horse had any colic or intestinal disorder past or present? If yes, explain and provide dates.

7. Has any horse been examined or treated by a veterinarian for anything other than routine care? If yes, explain, provide dates and whether or not the issue is resolved.

8. Has any horse undergone diagnostic ultrasounds, X-rays, or bone scans? If yes, why, and what were the results?

9. For horses valued over $100K was a pre-purchase exam performed within the last 14 months? If so, please submit a copy with your application.

10.   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.

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, please provide dates.

14.   Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months?

15.   Name of previous Insurance Company, if any. If coverage is still in place, please provide the expiration date to avoid duplicate coverage. A loss run report from the previous company is also required.

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.   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.
I understand that immediate notice must be given to the Company upon any injury, illness, operation, disease, or death of an insured horse.
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: _____

(must be no more than 30 days prior to policy effective date)