



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

Renewal Application

Name of Applicant: _____ Phone: _____

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

Address: _____ City: _____ State: _____ Zip: _____

Name of Horse: _____ Breed: _____ Sex: _____ Year of Birth: _____

Horse's Exact Use: _____ Level: _____ Insured Value +: _____
+ Insured amount should not exceed the horse's current fair market value.

Last Year's Policy Number: _____ Desired Effective Date: _____

Loss Payee or Additional Insured Name: _____

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

If the answer to question 1 is "No", please provide details below. If "yes" was answered to any question(s) 3 through 12, please 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.

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 _____ Date: _____ (must be no more than 60 days prior to policy effective date)

Mortality coverage desired: Full Mortality Coverage (including Free Colic Surgery coverage*, Guaranteed Extension, Value Endorsement) Named Perils Coverage * Subject to policy wordings

- Please check additional coverages desired. Additional premium is required.
 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)
 External Injury Only Loss of Use
 Stallion Infertility for A, S & D
 Third Party Liability - Premium Fully Earned
 Territorial Limits Incl. Transit - Premium Fully Earned



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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 60 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 \$20 - \$50 administration charge applies to the first payment. If you would like a payment plan, please call our office to make arrangements.