Hallmark
Equine Insurance Agency
2130 Point Boulevard, Suite 150 • Elgin, IL 60123 • Phone 800.734.0598 • Fax 847.844.8284 • www.hallmarkhorse.com

Renewal Application

Name of Insured:_____ Phone Number: _____

Address: _____City: _____ State: ____ Zip: _____

Name of Horse: _____Breed: _____ Height: _____ Sex: ___ Date 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? **Yes ☐ No ☐**
2. For all Quarter Horses, Appaloosas, or Paint horses.
   Does the horse have an ancestor known to carry HYPP? **Yes ☐ No ☐**
   If "Yes" is answered, please indicate the HYPP status . (*Circle one.*) **N/N N/H H/H**
   (Note: Coverage will not be considered without the disclosure of HYPP status.)
3. Does the horse have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, 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? **Yes ☐ No ☐**

If "yes" was answered to any question(s) 3 through 11, please provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work. For question 12, provide details including dates and locations for coverage consideration.

_____

_____

Please provide updated 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.

_____ **Date:** _____

Signature of owner (s) of above named animal *(must be no more than 30 days prior to policy effective date)*

Additional Coverages Available

- ☐ Major Medical and Surgical *(annual limit $7,500, not to exceed the horse's insured mortality limit)* – Premium is Fully Earned
- ☐ Major Medical and Surgical *(annual limit $10,000)* – Premium is Fully Earned
- ☐ Surgical Only – Premium is Fully Earned
- ☐ Colic Medical and Surgical – Premium is Fully Earned
- ☐ External Injury Only Loss of Use
- ☐ Stallion Infertility for A, S & D
- ☐ Third Party Liability
- ☐ Territorial Limits Including Transit *(Must complete question 12 above.)*

Standard mortality policy includes Colic Surgery Coverage, Guaranteed Extension, and Value Endorsement.