



Cowley Insurance Agency

P.O. Box 13337, Charleston, WV 25360
 Office: 304-984-9404 · Mobile: 304-549-4426 · Fax: 304-984-9161
 www.cowleyinsuranceagency.com

EQUINE MORTALITY APPLICATION And STATEMENT OF CONDITION THIS IS NOT A BINDER

EMAIL COMPLETED FORM TO: leetta@cowleyinsuranceagency.com

<input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Add to Policy										
APPLICANT			PAYMENT OPTIONS: <input type="checkbox"/> PAYMENT IN FULL <input type="checkbox"/> INSTALLMENT PLAN <input type="checkbox"/> AUTO PAY							
ADDRESS			COVERAGE REQUESTED:							
CITY, STATE, ZIP CODE:			<input type="checkbox"/> \$5,000 Major Medical		<input type="checkbox"/> \$1,000 Deductible		<input type="checkbox"/> \$500.00 Deductible			
EMAIL:			<input type="checkbox"/> \$7,500 Major Medical		<input type="checkbox"/> \$1,000 Deductible		<input type="checkbox"/> \$500.00 Deductible			
CELL PHONE:		DAY PHONE:		<input type="checkbox"/> \$10,000 Major Medical		<input type="checkbox"/> \$1,000 Deductible		<input type="checkbox"/> \$500.00 Deductible		
				<input type="checkbox"/> \$15,000 Major Medical		<input type="checkbox"/> \$1,000 Deductible		<input type="checkbox"/> \$500.00 Deductible		
				<input type="checkbox"/> Life Saving Surgeries		\$10,000 (\$100 deductible)				
			CC#		EXP. Date					
NAME OF ANIMAL AND REGISTRATION#			Date of Birth		Sex	Breed	Use	Date of Purchase	Purchase Price	Requested Amount
1.										
2.										
3.										
4.										
STABLE/TRAINER/ADDRESS/PHONE/EMAIL:										

- 1) Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made, was there a resection? Yes No
- 2) Has any of the horses listed had any illness, disease, lameness, injury, accident, or physical disability in the 24 months? Yes No
- 3) Has there been any contagious or infectious disease at the farm where the animals are kept?
 Yes No
- 4) Is the horse currently sound and healthy for its intended use? Yes No
- 5) Has the horse been examined or treated by a veterinarian for other than routine care in the last 12 months?
 Yes No
- 6) If horse listed is a mare, is she in foal? Yes No
- 7) Have any insured horses died in the last two years? Yes No
- 8) Does anyone else have interest in the horse? Yes No - If yes, please provide name and address:

- 9) Do any of the horses listed currently have insurance coverage with another company? Yes No

Remarks/Comments/Show Record:

*Health statement: Is acceptable for horses valued at \$100,000 or less, age 31 days of age through 15 years old, and horses that have not had any illness, injury, lameness, disease or surgery in the past twelve months. A satisfactory veterinarian certification is required for all others. **DECLARATION OF HEALTH** The undersigned, hereby affirms that the animal(s) above are in good health and have not had any illness, injury, surgery or loss of foal (if broodmare) during the past 12 months, and has NEVER had a bowel resection, to the best of my knowledge and belief. I understand that Underwriters are issuing insurance in reliance upon the information I am now disclosing.

EXCEPTION: _____
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material there to, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.*I understand that the insurance being applied for, if accepted by the Company will be based on the statements made in the application. If the information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which that application was accepted or the policy issued.

IMPORTANT: No application will be considered if not fully completed and signed by the Insured within 20 days of inception. Coverage is considered as "applied for" when the applicant has signed and dated this form.
***AMOUNTS OF INSURANCE IN EXCESS OF PURCHASE PRICE ARE SUBJECT TO COMPANY ACCEPTANCE. VALUE SUBSTANTIATION MUST BE PROVIDED.**

APPLICANT'S SIGNATURE: _____

DATE: _____