



# Cowley Insurance Agency

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## EQUINE MORTALITY APPLICATION

**THIS IS NOT A BINDER**

YOUR MANE INSURANCE SOURCE

**New Business**    **Renewal**    **Add to Policy**  
**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.**

<b>APPLICANT</b>		<b>PAYMENT OPTIONS:</b> <input type="checkbox"/> PAYMENT IN FULL <input type="checkbox"/> INSTALLMENT PLAN	
<b>ADDRESS</b>		<b>COVERAGE REQUESTED:</b>	
<b>CITY, STATE, ZIP CODE:</b>		<input type="checkbox"/> Life Saving Surgeries	<input type="checkbox"/> \$5,000 Major Medical <input type="checkbox"/> \$1,000 Deductible <input type="checkbox"/> \$500.00 Deductible <input type="checkbox"/> \$7,500 Major Medical <input type="checkbox"/> \$1,000 Deductible <input type="checkbox"/> \$500.00 Deductible <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
<b>EMAIL:</b>	<b>CELL PHONE:</b>		
	<b>DAY PHONE:</b>		

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) Percent of ownership  100% or  \_\_\_\_\_%, Give name and address of other owner(s): \_\_\_\_\_
- 2) Was purchase price paid by cash, trade or both? \_\_\_\_\_ Transaction details: \_\_\_\_\_
- 3) Are animals financed or leased?  YES    NO   Name and address of loss payee: \_\_\_\_\_
- 4) Are animals healthy and capable of performing intended use?  YES    NO   If no, provide details: \_\_\_\_\_
- 5) Has animal been treated for an accident, illness, lameness or colic in the last 3 years?       YES       NO   If yes, provide details: \_\_\_\_\_
- 6) Are animals on a vaccination and worming program supervised by a vet?    YES       NO
- 7) Are animals now insured?    YES       NO   Previously insured?  YES       NO  
If yes to either, what company and amount insured? \_\_\_\_\_
- 8) Has any company cancelled or refused to renew your coverage?       YES       NO  
If yes, give company, date and reason given for company action: \_\_\_\_\_
- 9) Has any horse owned by you died in the past three years?    YES       NO  
If yes, cause of death \_\_\_\_\_ Was there insurance?  YES    NO   If yes, what company? \_\_\_\_\_
- 10) Are you insuring other horses with another company?       YES       NO
- 11) Name and telephone number for your regular veterinarian: \_\_\_\_\_
- 12) How long has this veterinarian treated the horse(s)? \_\_\_\_\_

\*Health statement: Is acceptable for horses valued at \$100,000 or less, age 31 days of age through 15 years old, not requesting Loss of Use of coverage 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.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_