



No Vet Check Application
IMPORTANT - INCOMPLETE APPLICATIONS
ARE NOT ACCEPTABLE

P.O. BOX 219 - South Sioux City, NE 68776
Toll-Free 800-228-8664 - Fax 402-494-8810

Company: _____
Rate: _____
Misc: _____

Name of Owner(s): _____ Date: _____
Address of Owner(s): _____ City: _____ State: _____ Zip: _____
Business Phone: _____ Home Phone: _____

Table with columns: Name of Horse, Sex (G-Gelding, M-Mare, S-Stallion), Breed, Sire, Dam, Date of Birth, Date of Purchase. Includes sections for Acquired From, How Acquired (Auction/Private/Homebred), Purchase Price, Exact Use, and Amount of Insurance Desired.

- 1. Was a prepurchase exam done on this horse(s)? If yes is answered you must attach a copy of the prepurchase exam. Yes [] No []
2. Is the horse currently sound and healthy for the use intended? Yes [] No []
3. For all Quarter Horses, Appaloosas, or Paint horses. Does the horse have an ancestor know to carry HYPP? Yes [] No []
If "Yes" is answered, please indicate the HYPP status. (Circle One) N/N N/H H/H
4. 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 []
5. Has the horse had any colic or intestinal disorder within the last 36 months? Yes [] No []
6. Has the horse been nerved or received any surgical treatment for lameness? Yes [] No []
7. Has the horse been examined or treated by a veterinarian for other than routine care within the last year? Yes [] No []
8. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes [] No []
9. Has the horse received any joint injections, 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 []

IF "YES" WAS ANSWERED TO ANY QUESTION(S) 3 THROUGH 10, PLEASE PROVIDE DETAILS BELOW. INCLUDE ONSET DATE, DIAGNOSIS, TREATMENT, HOW CONDITION RESOLVED, AND WHEN THE HORSE RETURNED TO FULL WORK.

12. Are you the sole owner of the horse(s)? YES NO (circle one) terms of contract Loss Payee/Additional Insured: _____
Full Address _____

13. If horse is being leased, please Indicate terms and or amount of annual lease involved. _____
14. Has any Insurance company ever cancelled any Insurance or refused to insure an animal(s) in which you had an insurable interest? Yes [] No []
15. CONTACT OUR OFFICE FOR A PREMIUM AMOUNT IF YOU DESIRE MAJOR MEDICAL. 1-800-228-8664

I/We, the undersigned, hereby apply to insure the above mentioned animals owned my me, 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. Signing this form does not bind the applicant to complete he insurance but it is agreed that this form shall be the basis of the contact 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.

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

Signature of Owner(s) of above named animal(s) _____ Date: _____ (must be no more than 30 days prior to policy effective date)

Updated Show / Breeding record for horses listed on front of this application.

HORSE A: _____

Show accomplishments: _____

Money earned: _____

Titles / Awards / Current Standings: _____

Breeding information: Stud: _____ current stud fee: _____ Number of mares bred in past year: _____

Booking for upcoming year: _____

Get accomplishments: _____

Mare: _____ is she currently in foal: _____ Amount of stud fee: _____

Get accomplishments: _____

Average sale price of get: _____

Training: Training cost can be considered up to age five. Fifty percent of training costs are considered for additional coverage. If in training: Number of months to date: _____ cost per month: _____

Name of trainer: _____

Any additional information you feel would be important to justify the insured value on this horse: _____

HORSE B: _____

Show accomplishments: _____

Money earned: _____

Titles / Awards / Current Standings: _____

Breeding information: Stud: _____ current stud fee: _____ Number of mares bred in past year: _____

Booking for upcoming year: _____

Get accomplishments: _____

Mare: _____ is she currently in foal: _____ Amount of stud fee: _____

Get accomplishments: _____

Average sale price of get: _____

Training: Training cost can be considered up to age five. Fifty percent of training costs are considered for additional coverage. If in training: Number of months to date: _____ cost per month: _____

Name of trainer: _____

Any additional information you feel would be important to justify the insured value on this horse: _____

HORSE C: _____

Show accomplishments: _____

Money earned: _____

Titles / Awards / Current Standings: _____

Breeding information: Stud: _____ current stud fee: _____ Number of mares bred in past year: _____

Booking for upcoming year: _____

Get accomplishments: _____

Mare: _____ is she currently in foal: _____ Amount of stud fee: _____

Get accomplishments: _____

Average sale price of get: _____

Training: Training cost can be considered up to age five. Fifty percent of training costs are considered for additional coverage. If in training: Number of months to date: _____ cost per month: _____

Name of trainer: _____

Any additional information you feel would be important to justify the insured value on this horse: _____

NOTE: ALL HALTER USE HORSES WILL BE HIGHER PREMIUM AND CAN ONLY BE INSURED FOR A MAXIMUM OF \$25,000. EXACT USE OF HORSE MUST BE NOTED ON THIS FORM FOR PROPER RATING AND COVERAGE