



American Home Assurance Company
Insurance Company of the State of Pennsylvania

EQUINE INSURANCE APPLICATION
THIS IS NOT A BINDER

New Business Renewal of Add to Policy

Equine World Insurance
1127 S. Old US Hwy 23
Brighton, MI 48114
Phone: (866) 954-0555 Fax: (866) 954-0550

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.

NAME OF APPLICANT, STREET ADDRESS, CITY/STATE/ZIP CODE, CONTACT INFORMATION, COVERAGE(S) DESIRED, POLICY PERIOD REQUESTED, BILLING METHOD

AMOUNTS OF INSURANCE IN EXCESS OF PURCHASE PRICE ARE SUBJECT TO COMPANY ACCEPTANCE. VALUE SUBSTANTIATION MUST BE PROVIDED.

Table with 8 columns: NAME AND REGISTRATION / SIRE & DAM, YR. OF BIRTH, SEX, BREED, USE, DATE OF PURCHASE, PURCHASE PRICE, REQUESTED AMOUNT

- 1. Percentage of ownership Give name and address of other owner(s)
2. Was purchase price paid by cash, trade, or both? Give particulars:
3. Are animals financed or leased?
4. Are animals healthy and capable of performing intended use?
5. Has animal been treated for an accident, illness, lameness, or colic in the last 3 years?
6. Are animals on inoculation and worming program supervised by a vet?
7. Are animals now insured? Previously insured?
8. Has any company cancelled or refused to renew your coverage? If yes, give company, date, and reason given for company action:

- 9. Has any horse owned by you died in the past three years?
10. Are you insuring other horses with another company?
11. Name and telephone number of your regular veterinarian:
12. How long has this veterinarian treated the horse(s)?

Health Statement: Is acceptable for: horses valued at \$50,000 or less, age 31 days of age through 15 years old, not requesting Loss of Use coverage and horses that have not had any illness, injury, lameness, disease or surgery in the past twelve months.

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, to the best of my knowledge and belief. I understand that Underwriters are issuing insurance in reliance upon the information I am now disclosing.

Exceptions

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, 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 this application. APPLICANT'S SIGNATURE X DATE / /

COVERAGE IS CONSIDERED AS "APPLIED FOR" WHEN THE APPLICANT HAS SIGNED AND DATED THIS FORM