

Star H Equine Insurance

P.O. Box 2250

Advance, NC 27006

Phone: (877) 827-4480 Fax: (336) 940-5475

STAR H EQUINE INSURANCE APPLICATION

THIS IS NOT A BINDER

New Business Renewal of _____ 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.

NAME OF APPLICANT	COVERAGE(S) DESIRED Not all endorsements are available on every horse, please check with your agent.
STREET ADDRESS	<input type="checkbox"/> Mortality <input type="checkbox"/> Major Medical (select one not to exceed the Mortality Limit) or <input type="checkbox"/> Specified Perils <input type="checkbox"/> Other: _____
CITY/STATE/ZIP CODE	POLICY PERIOD REQUESTED (12:01am Standard Time) From _____ To _____
CONTACT INFORMATION Email Address: _____ Phone Numbers: Home () Cell: ()	BILLING METHOD: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill Installments* <input type="checkbox"/> Direct Bill Full Payment <small>*Min. \$750 Premium - 40% down plus 3 installments of 20% billed every 60 days. Service fee \$5.00/installment</small>

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

NAME AND REGISTRATION / SIRE & DAM (A photo is required for unregistered animals.)	YR. OF BIRTH (DOB if under 1 year)	SEX Filly, Colt, Gelding, Mare or Stallion	BREED	USE	DATE OF PURCHASE	PURCHASE PRICE	REQUESTED AMOUNT
1)					/ /		
2)					/ /		
3)					/ /		

1. Percentage of ownership Give name and _____
 100% or _____ % address of _____
other owner(s): _____
2. Was purchase price paid by cash, trade, or both? Give particulars: _____
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, describe: _____
5. Has animal been treated for an accident, illness, lameness, or colic in the last 3 years? If yes, provide date & details: Yes No
6. Are animals on inoculation and worming program supervised by a vet? Yes No
If no, explain: _____
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, state cause of death: _____
Was there insurance? Yes No What company? _____
10. Are you insuring other horses with another company? Yes No
If so, which 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. A satisfactory veterinarian certificate 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, 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. If 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 the application was accepted or the policy issued.

APPLICANT'S SIGNATURE X	DATE / /
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COVERAGE IS CONSIDERED AS "APPLIED FOR" WHEN THE APPLICANT HAS SIGNED AND DATED THIS FORM

VETERINARY CERTIFICATE OF EXAMINATION FOR EQUINE MORTALITY INSURANCE

The purpose of this examination is to identify and examine the involved horse in accordance with this certificate, and to report the medical facts obtained by the examination to the insurance company. This Veterinary Certificate of Examination for Mortality Insurance is NOT a statement of insurability or serviceability for any intended use, and is NOT A PURCHASE EXAMINATION.

Horses being examined should be observed in motion. This certificate should be completed by the examining veterinarian to the best of his or her knowledge and ability as a licensed veterinarian.

I, _____, do hereby certify that I am a graduate veterinarian and hold a current license to practice veterinary medicine in the State of _____ and that I have this date examined:

Name: _____
Age: _____ Color: _____
Sire: _____
Owner: _____

Breed: _____
Sex: _____ Tattoo: _____
Dam: _____
Phone: _____

Temperature: _____ °F Pulse: _____ b/min

Respiration: _____ b/min

Is horse a bleeder? Yes No NTMK

Has horse been nerved? Yes No NTMK

Eyes clinically normal? Yes No

Heart and lungs auscultated? Yes No

If male, are both testicles palpable? Yes No

Has horse been castrated? Yes No

If so, when? _____

Any history or clinical evidence of other surgery? Yes No NTMK

If surgery has been performed, has horse clinically recovered? Yes No
(Explain below)

In your opinion, is there any clinical evidence of lameness, or significant conformational defects or other pathological conditions?
(Explain below) Yes No

Any colic within last 6 mos? Yes No NTMK

Does the horse manifest clinical evidence of contagious or infectious disease? Yes No
(Explain below)

Any knowledge or clinical evidence of contagious or infectious disease on the premises within the last 60 days?
(Explain below) Yes No

If mare, currently pregnant? Yes No NTMK

To what stud? _____

Date of last pregnancy exam? _____

Any clinical evidence of objectionable vices or habits? (Explain below) Yes No

In your opinion or to your knowledge, are there any additional medical facts that should be brought to the attention of the insurer? (Explain below) Yes No

If foal under 30 days of age, IgG Test Results: _____

Has official EIA test been run? Yes No

Date: _____ Results: _____ Lab: _____

If any surgery has been performed, describe type of surgery: _____

Explanation of abnormal findings and/or additional comments: _____

Date: _____

Time: _____ (of examination)

Signed: _____

Phone: _____

Fax: _____

Address: _____
