

Send completed Application to:  
 Courtney@DobbsEquineIns.com  
 Toll-Free Fax 866-506-5361  
 Or mail to The Hillard Agency, Inc.



The Hillard Agency, Inc.  
 500 South Main Street  
 PO Box 140  
 Tuscola, IL 61953  
 800-353-2388 toll-free  
 217-253-3850 fax

**800-272-4047 ★ DobbsEquineIns.com**

*No application will be considered unless all questions are answered.*

- (1) Applicant(s) \_\_\_\_\_ Address \_\_\_\_\_  
 (2) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 (3) Applicant's Interest in animal is:  owner  lessee  other \_\_\_\_\_  
 (4) Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
 (5) Give name and address of anyone else who has a financial interest in this animal \_\_\_\_\_  
 owner  lessor  other Are they to be shown as additional insured:  Yes  No  
 (6) Location of horse: \_\_\_\_\_ Stable Telephone: \_\_\_\_\_  
 (7) Coverage applied for:  full mortality & theft  guaranteed extension  optional coverage  
 equine major medical (includes surgery)  surgical only  loss of use  stallion infertility  
 (8) Desired effective date: \_\_\_\_\_  
 (9) Was purchase price paid by  cash  trade  other Give details of other: \_\_\_\_\_

(10) NAME OF HORSE	(11) REGISTRATION #	(12) SEX*	(13) BREED	(14) DATE OF BIRTH	(15) DATE ACQUIRED	(16) SPECIFIC USE
(17) SIRE / STUD FEE		(18) DAM		(19) HOW ACQUIRED? auction/private/homebred/other (explain)		
(20) ACQUIRED FROM & ADDRESS	(21) CASH PURCHASE PRICE	(22) VALUE TO BE INSURED		(23) PLEASE PROVIDE PROOF OF PURCHASE (ie. bill of sale, cancelled check, etc.)		

**JUSTIFICATION OF VALUE TO BE INSURED:**

- Stallion:** Mares bred last year \_\_\_\_\_ No. Settled \_\_\_\_\_ Stud Fee \$ \_\_\_\_\_  
 Breeding income last year \$ \_\_\_\_\_ Mares booked this year \_\_\_\_\_ Stud Fee \$ \_\_\_\_\_  
**Mares:** Total no. foals \_\_\_\_\_ Avg. price foals sold \$ \_\_\_\_\_ Now in foal to \_\_\_\_\_  
 Date bred \_\_\_\_\_ Accomplishments of foals \_\_\_\_\_  
**Show/Performance horse:** Attach signed show record or association print-out.  
 (24) Has horse been previously insured?  No  Yes Exp. date \_\_\_\_\_ Amount \_\_\_\_\_ Company Name \_\_\_\_\_  
 (25) Has the horse ever suffered any accident, lameness, disease, or sickness?  No  Yes Explain: \_\_\_\_\_  
 (26) West Nile Virus-Vaccine given? \_\_\_\_\_ Dates: \_\_\_\_\_ Inoculations: \_\_\_\_\_  
 (27) HAS ANY HORSE IN YOUR CARE OR OWNERSHIP DIED IN THE LAST 3 YEARS?  No  Yes Date of loss, value, insured or not \_\_\_\_\_  
 (28) Name, address and phone number of your usual veterinarian: \_\_\_\_\_

I/WE DECLARE: that the above information fully confirms my knowledge; that I/we have not been refused this insurance elsewhere; that no other insurance or indemnification agreement is in effect; that I/we are the sole owner unless otherwise indicated; that insurance values requested are not in excess of fair market value; that this horse is sound and healthy at the present time other than as noted; and that I/we have made the Insurance Company fully aware of all matters pertaining to the health status and welfare of all the animals(s) to be insured; that I/we have answered all questions truthfully to the best of my/our knowledge and understand that my/our failure to do so may void any insurance issued based upon this application.

I/WE AGREE: to notify the Insurance Company of any change in the animal's health status or welfare prior to the desired effective date of insurance as stated on this application. I/WE UNDERSTAND and Agree that no pre-existing illness, injury or lameness will be covered by this insurance whether or not I have advised the Company of such condition.

I/WE UNDERSTAND: that the submission of this completed application to the Insurance Company or its authorized agent does not bind insurance coverage on the animal and no insurance shall be in effect unless and until this application and other required material as stated in the Insurance Company's underwriting guidelines is received and approved by the Insurance Company.

I/WE UNDERSTAND: and Agree that no operation including castration is to be performed on any insured animal without the WRITTEN consent of the Company unless the operation is necessary as a result of a peril insured by the policy; and that immediate notice and full details of any lameness, illness, injury or death of the animal will be given to the Company.

**NOTICE OF INSURANCE INFORMATION PRACTICE**

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our file and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

**Applicant Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_