

**BLUE BRIDLE INSURANCE AGENCY, INC.**

P.O. Box 27, Pittstown, NJ 08867

800-526-1711 or 908-735-6362 (Fax) 908-735-2254

**RENEWAL APPLICATION**

Policy # \_\_\_\_\_

This form can be used when a horse has not had any illness, injury, lameness or disease. If the horse has had any veterinarian treatment or surgery, a Veterinarian Certificate of Examination may be required. Any horse with current or previous health issues is subject to the insurance Company's approval prior to any coverage being bound.

Desired Effective Date \_\_\_\_\_

Name & Address of Insured  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Coverage Desired: Full Mortality Insurance**

Optional Coverage (check below):

- Major Medical (includes surgery) Limit: \$ \_\_\_\_\_
- Catastrophic Accident & Illness Limit \$5,000
- Surgical (only) Limit: \$ \_\_\_\_\_
- Loss of Use (ages 3-12)
- Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Animal(s)	Date of Birth	Sex	Breed	*Exact Use	Current Amount of Insurance	**Requested Amount of Ins.	Rate
1.							
2.							
3.							

\*\*Amount of Insurance should not exceed current Fair Market Value and must be substantiated.

\*Use: Is any animal described above racing? Or being schooled or used over fences, i.e. hunter / jumper, eventing?  Yes  No  
If eventing, state what level you will be competing in. \_\_\_\_\_

The animals are chiefly kept on premises known as (give complete name & address) \_\_\_\_\_

1. Has there been any change in the ownership of any animal named above?  Yes  No  
If "Yes" to question #1, explain: \_\_\_\_\_
2. Is the horse(s) currently sound and healthy for the use intended?  Yes  No
3. Has the horse(s) been examined or treated by a veterinarian for other than routine care within the last year?  Yes  No
4. Has the horse(s) had any colic or intestinal disorder with the last 12 months?  Yes  No
5. Does the horse(s) 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
6. For all Quarter Horses, Appaloosas or Paint Horses: Does any horse have an ancestor known to carry HYPP? Please indicate "Yes" or "No" for each horse. If "Yes" is answered, please indicate HYPP status (N/N, N/H, H/H) for each horse. (Coverage will not be considered without the disclosure of HYPP status.)  Yes  No
7. Has the horse(s) been nerved or received any surgical treatment for lameness?  Yes  No
8. Has the horse(s) undergone diagnostic ultrasounds, X-rays, or bone scans within the last 12 months?  Yes  No
9. Has the horse(s) received any joint injections, any type of medication long or short term, or any preventative treatments within the last 12 months?  Yes  No
10. Are there any other current or prior health conditions to which the horse has been exposed?  Yes  No

If "Yes" to any of question 3-10 above, please specify which horse and provide details (including dates) below:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the General Conditions of the policy require me to give **immediate notice** by telephone of any **illness, disease, lameness, injury or death** and I agree to do so. I understand that my failure to give immediate notice may result in denial of my claim. \_\_\_\_\_

(Initials)

**STATEMENT OF CONDITION**

I declare to the best of my knowledge and belief that the animal(s) named above are currently in normal, healthy and sound condition. None of the animals listed above have had any type of surgery or treatment by a veterinarian for any injury, illness, disease, lameness or disability in the past 12 months except as expressly noted above. I UNDERSTAND THAT MY STATEMENT AND ANY INSURANCE THAT MAY BE ISSUED AS THE RESULT OF THIS STATEMENT MAY BECOME NULL AND VOID IN THE EVENT THAT I HAVE MISREPRESENTED, CONCEALED, OR OMITTED ANY MATERIAL FACT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date