

BLUE BRIDLE INSURANCE AGENCY, INC.
P O Box 27, Pittstown, NJ 08867
Phone (800) 526-1711 (908) 735-6362 Fax (908) 735-2254

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED

Desired Effective Date _____

APPLICATION FOR FULL MORTALITY POLICY

Add Optional Coverage - Available by Endorsement to the Policy

Check coverage desired below:

1. Name of Applicant _____

Major Medical (includes Surgery) Limit: _____

2. Address _____

Catastrophic Accident & Illness Limit \$5,000

Surgical (only) Limit: _____

Loss of Use (Ages 3-12)

Accident, Sickness, Disease (Stallions)

Other _____

3. Phone No. _____ Fax No. _____

Email Address _____

4. This is: New Business A Renewal Additional Coverage

Current Policy Number _____

5. Are any of the animals listed herein financed? _____ leased? _____ on trial? _____ If so, advise name and address of Loss Payee.

6. Is there any other insurance on any of the animals listed herein? _____

7. Chiefly kept on premises known as (include complete address of location) _____

8. Name and address of trainer _____

<u>Name & Registration # / Sire & Dam</u>	<u>Breed / DOB / Sex / Use</u>	<u>Date of Purchase / Purchase Price / Requested Amount</u>
1. _____	_____	_____ \$ _____ \$ _____
2. _____	_____	_____ \$ _____ \$ _____
3. _____	_____	_____ \$ _____ \$ _____

AMOUNT OF INSURANCE REQUESTED IS SUBJECT TO COMPANY ACCEPTANCE AND MUST BE SUBSTANTIATED.

9. Is any animal named above racing, in race training, or being schooled / used over fences for show or pleasure as a hunter / jumper / eventing? _____
 If so, specify the exact use. _____ If eventing, state what level you will be competing in _____

10. If mare in foal, name covering stallion & stud fee paid. _____ If raised foal, give stud fee. _____

11. Has any animal named above been afflicted with any disease or sickness, hurt or injury in the past 12-month period? _____

12. Are eyes, legs and feet of every animal named above in normal condition? _____

13. Has any animal named above ever had colic or indigestion? _____ If so, how often? _____

14. How many animals did you lose by death in the last 3 years? _____ Cause of death? _____

Date of death _____ Insured amount paid \$ _____ How many other animals of this type do you own? _____

15. For Quarter Horses, Appaloosas and Paints: Does any horse named above have an ancestor known to carry HYPP? If yes, please indicate HYPP status for each horse (N/N, N/H, H/H). _____

16. Was a pre-purchase exam performed within the last 14 months? _____ If yes, submit a copy with your application.

17. Was purchase price cash, trade or both? If any part trade, state what it consisted of, and state what amount of cash was paid. _____

18. Do you understand that it is required under the policy to give **IMMEDIATE NOTICE** by telephone of any **ILLNESS, INJURY, DISEASE OR DEATH** or your claim may be denied, and do you agree to do so? _____

19. Has any company ever rejected an application for insurance or cancelled a policy on any of the herein-described animals? _____ If so, explain: _____

DECLARATION

I, the undersigned, hereby apply to insure the above mentioned animals owned / leased by me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief 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 the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued and if anything be falsely stated or information withheld to influence the insurance company's decision, the insurance contract will be null and void.

Date _____ Signature of Applicant _____