

Roger Peters Livestock Insurer Inc.: Box 219 - South Sioux City, Nebraska 68776 | WATTS: 1-800-228-8664 - FAX: 402-494-8810
 Company: _____ Rate: _____ Misc.: _____

IMPORTANT - INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE

Name of Owner(s) _____ Date _____
 Address of Owner(s) _____ City _____
 Business Phone _____ Home Phone _____ State _____ Zip _____

Coverage Effective When Received and Approved in our Office

Name	Sex: G-Gelding M-Mare S-Stallion	Breed
A.		
B.		
C.		

Sire	Dam	DOB	Date of Purchase

Acquired From	How Acquired Auction/Private/Homebred	Purchase Price	EXACT USE	Amount of Insurance Desired
A.				
B.				
C.				

All questions 1- 14 must be answered

- Is the horse currently sound and healthy for the use intended? Yes No
- For all Quarter Horses, Appaloosas or Paint horses.
Does the horse have an ancestor know to carry HYPP? Yes No
If "Yes" is answered, please indicate the HYPP status. (Circle One) N/N N/H H/H
- Does the horse 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
- Has the horse had any colic or intestinal disorder within the last 36 months? Yes No
- Has the horse been nerved or received any surgical treatment for lameness? Yes No
- Has the horse been examined or treated by a veterinarian for other than routine care within the last year? Yes No
- Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No
- Has the horse received any joint injections, any type of medication long or short term or any preventative treatments in the last 12 months? Yes No

9. Does the horse receive any other medications/supplements? Yes No
10. Are there any other current or prior health conditions to which the horse has been exposed? Yes No
11. Are you sole owner? Mortgage Holder (if any) Name: _____
Address: _____ Yes No
12. If the horse is being leased, please indicate terms and/or amount of annual lease involved

13. Has any insurance company ever cancelled any insurance or refused to insure an animal(s) in which you had an insurable interest? Yes No
14. Additional optional coverages: Major Medical Yes No
Am. Eq \$275.00 per horse, No. Am. \$250.00 per horse.

If yes was answered to any of the above questions please provide details. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work.

I/We understand and agree that the policy to be issued shall be founded upon the statements contained herein; that animals having heaves or vicious habits; that animals which are chronic colickers or emphysematous or bleeders or blind or nerved at or above the fetlock are not insurable. Any information withheld or falsely stated could make this policy null and void. The company shall not be liable for any loss caused by an insured animal becoming unfit or incapable of fulfilling the functions, use or duties for which it is kept, used or intended. NO OPERATION IS TO BE PERFORMED ON ANY INSURED ANIMAL WITHOUT CONSENT OF THE COMPANY.

I/WE UNDERSTAND AND AGREE THAT IMMEDIATE NOTICE AND FULL DETAILS OF ANY LAMENESS, ILLNESS, INJURY OR DEATH OF THE ANIMAL WILL BE GIVEN TO THE COMPANY.

DATE _____ APPLICANT SIGNATURE _____

(must be no more than 30 days prior to policy effective date)

CHECK MUST ACCOMPANY APPLICATION