



STERLING THOMPSON EQUINE

INSURANCE SINCE 1937

HORSE OWNER'S APPLICATION

email form to: equineuw@sterlingthompson.com

Name & Address of Applicant: _____

Phone: Day _____ Evening: _____ Fax: _____ Email: _____

COVERAGE REQUESTED (please check box)

Full Mortality Territory Ext/Aviation Colic Only Loss of Use Accident/Illness Only

Medical including Surgery: \$7,500 or \$10,000 or \$12,500 or \$15,000 or Waive Copay No Medical

Surgical Only Limits: \$2,500 or \$5,000 or \$7,500 or \$10,000 or \$20,000

HORSE INFORMATION

#	Name	Year Foaled	Sex	Breed	Use	Purchase Amount	Date Acquired	Amount to Insure
1								
2								

Please answer the following questions:

Horse 1

Horse 2

1	Does the horse receive quarterly deworming?		
2	Is the horse vaccinated as recommended by your Vet?		
3	Are there currently any health or lameness issues?		
4	Has the horse been nerved or had any surgical treatments for lameness?		
5	Has the horse been examined or treated by a Vet for <i>other than routine</i> care in the last 12 months?		
6	Has the horse had any colic or any intestinal disorder in the last 12 months?		
7	Has the horse ever had colic surgery or laminitis?		
8	Has the horse ever been diagnosed with navicular, arthritis, bone chips, or degenerative joint disease?		
9	Does the horse have any evidence of sarcoids or melanomas?		
10	If a mare, has she ever had any birthing difficulties?		
11	Is the horse financed, leased or are there any other owners?		
12	Was the purchase price paid by cash, trade or both?		
13	Is there any other insurance on the horse?		
14	Has any company cancelled or refused to renew your coverage?		

If Yes was answered to questions 3-14 above, please provide specific details: _____

If *not* a new purchase, please supply current show record notes, breeding record or appraisal. Attach separate page if necessary

Coverage will not be considered unless this form is completed, signed & dated & received within 10 days of completion.

I declare to the best of my knowledge that the horses named above are currently and have been in sound health and free from any injury, illness, disease or disability of any kind. If this is a renewal of my policy coverage, I declare that during the past policy year the horses listed above have been free from any injury, illness, disease or disability of any kind.

I hereby 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 policy issued.

Signature of Applicant: _____ Date _____

This is not a binder.

FRAUD WARNING NOTICES

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with the intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (5,000) and the stated value for each violation.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA. APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 insurance act, which is a crime and subject the person to criminal and civil penalties.

MAIN OFFICE

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Other Offices: Lexington, KY | Richmond, VA