



Ashley Little Insurance Agency LLC
 1 S. Hunsley Hills Blvd Canyon, TX 79015
 806-353-2181

EQUINE INSURANCE APPLICATION

Name of Applicant _____ Requested Coverage Effective Date _____
 Address _____ City/State/ZIP _____
 Telephone Home _____ Work _____ Cell _____
 Email _____ Fax _____

Check here to receive your policy by email

1 IS THIS: New Business Renewal Business Additional Coverage Current Policy Number _____

COVERAGE DESIRED (Please check):

Full Mortality Colic Coverage - \$5,000 (in addition to \$5000 free emergency colic surgery) Stallion Permanent Disability

MAJOR MEDICAL

Co-Insurance: 20% Co- Insurance No Co-Insurance (only available on horses valued over \$100k)

Limit of Liability: \$7,500 \$10,000 \$12,500 \$15,000

Deductible: \$500 \$1,000

MEDICAL ASSISTANCE: \$7,500

Co-Insurance: 20% Co- Insurance No Co-Insurance (only available on horses valued over \$100k)

SURGERY COVERAGE

Limit of Liability: \$5,000 \$10,000 \$15,000

ZERO DEDUCTIBLE SURGERY

Limit of Liability: \$5,000 \$10,000

EQUINE EXTRAS BASIC : \$150.00 per policy

Owned horse equipment (tack, etc.): \$5,000 limit per item \$10,000 per occurrence

Non-owned horse equipment: \$500 limit per item \$1,500 per occurrence

Emergency evacuation: \$30 per day; up to 15 days

Burial expenses: \$500 per policy

EQUINE EXTRAS SPECIAL : \$250.00 per policy

Owned horse equipment (tack, etc.): \$7,500 limit per item \$15,000 per occurrence

Non-owned horse equipment: \$500 limit per item \$1,500 per occurrence

Emergency evacuation: \$30 per day; up to 15 days

Burial expenses: \$1,000 per policy

PRIVATE HORSE OWNER'S LIABILITY:

Occurrence Limit / Annual Aggregate Limit: \$500,000 / \$1,000,000 Premium per horse: \$60

Occurrence Limit / Annual Aggregate Limit: \$1,000,000 / \$2,000,000 Premium per horse: \$85

PAYMENT OPTIONS:

1 Pay **2 Pay (\$500 and up)** **4 Pay (\$1000 and up)**

9 Pay (available on some policies over \$1000, interest may apply, please contact us at 806-353-2181)

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	Name of Horse (Sire x Dam)	Sex	Breed	Use	Birth Date	Purchase Price and Date	Amount of Insurance Requested	Rate (Official Use)	PHOL
A									
B									
C									
D									
E									

3 Is the applicant the sole owner of horse(s): Yes No
 If NO: Provide Ownership Information _____



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4 If PHOL is selected, please answer the following questions:

Does the applicant conduct any commercial equine operations such as boarding, breeding, riding instruction, training of equines or leasing of equine to others where the applicant may or may not receive money or compensation? Yes No

Is there evidence of behavioral habits or vices with any of the applicant's named horses? Yes No

If Yes, please provide full details: _____

Has any insurer ever refused, canceled or non-renewed insurance or has there been any liability claims for you in the last 5 years?

Does the applicant own carts or buggies used with their equines? Yes No

5 If horse (s) is leased, indicate terms, and/or amount of annual lease by attaching copy of lease agreement _____

6 If horse(s) is financed, provide lender information and terms _____

7 Purchase price was: Private: By Auction: Price Paid by: Cash: Trade: Both:
 Provide details: _____

8 (a) Where is the horse(s) usually stabled? _____
 (b) Provide Name, address, and telephone number of the usual keeper of the horse(s) or trainer: _____

9 Name, address and telephone number of regular veterinarian _____

10 (a) To your knowledge, has horse(s) suffered an accident, sickness or disease in the last 12 months?
 If yes, Give details: _____

(b) Has horse(s) ever had colic? _____ If so, how often _____ provide cause & date of last attack _____

(c) Has horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative inoculations) or are they unsound in anyway?

(d) Has horse(s) been wormed and vaccinated regularly? _____ Frequency _____

(e) Has horse been vaccinated against West Nile Virus? Yes No * Must be vaccinated for claims directly or indirectly related to West Nile Virus

(f) Has there been any evidence of contagious or infections disease during the past twelve months in the location where the horse(s) are kept? Yes: No:

If yes, Give details: _____

(g) Has above horse(s) suffered from melanomas, sarcoids, warts, or other type of growth? Yes: No:

If yes, Give details: _____

(h) Has any surgery been performed on any above horse(s)? Yes: No:

If yes, Give details: _____

(i) Has the horse(s) ever been treated for navicular, osteochondrosis, arthritis, or degenerative joint disease? If yes, Give details: Yes: No:

11 Is horse(s) now insured? Yes: No: Previously Insured? Yes: No: If yes to either question, provide Company name, Effective date of coverage and Amount insured:

Has any Company cancelled or refused to renew your coverage? Yes: No: if yes, provide Company name, Date and reason for company action:

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which could materially affect this insurance has been knowingly withheld.

DATE : _____ SIGNATURE : _____

NAME (please print): _____