American Home Assurance Company
Insurance Company of the State of Pennsylvania

EQUINE INSURANCE APPLICATION

THIS IS NOT A BINDER

❑New Business ❑Renewal of _____ ❑Add to Policy_____

The Hoffberger Insurance Group
5700 Smith Avenue
Baltimore, MD 21209-3610
Phone: (410) 542-3300 Fax: (410) 542-3399

IMPORTANT: No application will be considered if not fully completed and signed by the Insured within 20 days of inception.
Coverage is considered as "applied for" when the applicant has signed and dated this form.

NAME OF APPLICANT

STREET ADDRESS

CITY/STATE/ZIP CODE

CONTACT INFORMATION Email Address:
Phone Numbers: Home ( ) Cell: ( )

COVERAGE(S) DESIRED
❑ Mortality
or
❑ Specified Perils

Not all endorsements are available on every horse, please check with your agent.
❑ Major Medical (select **one** not to exceed the Mortality Limit)
❑$2,500 ❑$5,000 ❑$7,500 ❑$10,000 ❑$12,500
❑ Other: _____

POLICY PERIOD REQUESTED
(12:01am Standard Time) From_____ To_____

BILLING METHOD: ❑Agency Bill ❑Direct Bill Installments* ❑Direct Bill Full Payment
*Min. $750 Premium - 40% down plus 3 installments of 20% billed every 60 days. Service fee $5.00/installment

AMOUNTS OF INSURANCE IN EXCESS OF PURCHASE PRICE ARE SUBJECT TO COMPANY ACCEPTANCE. VALUE SUBSTANTIATION MUST BE PROVIDED.

NAME AND REGISTRATION / SIRE & DAM (A photo is required for unregistered animals.)	YR. OF BIRTH (DOB if under 1 year)	SEX Filly, Colt, Gelding, Mare or Stallion	BREED	USE	DATE OF PURCHASE	PURCHASE PRICE	REQUESTED AMOUNT
1)					/ /		
2)					/ /		
3)					/ /		

1. Percentage of ownership ❑ 100% or ❑ _____ % Give name and address of other owner(s): _____
2. Was purchase price paid by cash, trade, or both? Give particulars: _____
3. Are animals financed or leased? ❑ Yes ❑ No
   Name and address of Loss Payee: _____
4. Are animals healthy and capable of performing intended use? ❑ Yes ❑ No
   If no, describe: _____
5. Has animal been treated for an accident, illness, lameness, or colic in the last 3 years? If yes, provide date & details: ❑ Yes ❑ No
6. Are animals on inoculation and worming program supervised by a vet? ❑ Yes ❑ No
   If no, explain: _____
7. Are animals now insured? ❑ Yes ❑ No Previously insured? ❑ Yes ❑ No
   If yes to either, what company and amount insured: _____
8. Has any company cancelled or refused to renew your coverage? ❑ Yes ❑ No
   If yes, give company, date, and reason given for company action: _____
9. Has any horse owned by you died in the past three years? ❑ Yes ❑ No
   If yes, state cause of death: _____
   Was there insurance? ❑ Yes ❑ No What company? _____
10. Are you insuring other horses with another company? ❑ Yes ❑ No
    If so, which company: _____
11. Name and telephone number of your regular veterinarian: _____
12. How long has this veterinarian treated the horse(s)?

Health Statement: Is acceptable for: horses valued at $50,000 or less, age 31 days of age through 15 years old, not requesting Loss of Use coverage and horses that have not had any illness, injury, lameness, disease or surgery in the past twelve months. A satisfactory veterinarian certificate is required for all others.

DECLARATION OF HEALTH

The undersigned, hereby affirms that the animal(s) above are in good health and have not had any illness, injury, surgery or loss of foal (if broodmare) during the past 12 months, to the best of my knowledge and belief. I understand that Underwriters are issuing insurance in reliance upon the information I am now disclosing.

Exceptions _____

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 act, which is a crime, and may subject such person to criminal and civil penalties.

I 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 the policy issued.

APPLICANT'S SIGNATURE
X

DATE
/ /

COVERAGE IS CONSIDERED AS "APPLIED FOR" WHEN THE APPLICANT HAS SIGNED AND DATED THIS FORM