

SUPPLEMENTAL APPLICATION FOR STALLION INFERTILITY

Equine Insurance Specialists
P.O. Box 151
Muncie, IN 47308-0151

Tel: 800-723-9414
 Fax: 866-207-6953
 www.insureyourhorse.com

Name of Insured: _____ Phone Number: _____

Address: _____

Name of Horse: _____ Breed: _____ Date of Birth: _____

Registration Number: _____ Fair Market Value: _____ Insured Value: _____

| Previous Season | |
|--|--|
| Breeding season start and end dates | |
| Stud fee | |
| Is stud fee due prior to or after foal is born? | |
| Live Foal Guarantee? | |
| Pasture bred, in-hand live cover or AI? | |
| Number of mares bred | |
| Number of mares settled | |
| Current / Upcoming Season * | |
| Breeding season start and end dates | |
| Stud fee | |
| Is stud fee due prior to or after foal is born? | |
| Live Foal Guarantee? | |
| Pasture bred, in-hand live cover or AI? | |
| Number of mares bred to date | |
| Number of mares settled to date | |
| Number of foals born to date (from previous season's breedings) | |
| Number of mares still due to foal (from previous season's breedings) | |
| Amount earned in current season to date | |
| Bookings for remainder of current season | |
| Bookings for upcoming season | |

* Note: AS&D Coverage is not available for stallions in their first breeding season.

Other additional information: _____

DECLARATION

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature of owner(s) of above named animal _____

Date _____