

# NAMED PERILS APPLICATION

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

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

Name and Address of Owner:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Telephone: (     ) \_\_\_\_\_  
 Home Telephone:     (     ) \_\_\_\_\_  
 Fax Telephone:       (     ) \_\_\_\_\_  
 Broker's Name: \_\_\_\_\_  
 Last Year's Policy Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

◆ Desired Effective Date: \_\_\_\_\_

Name of Horse	Breed	Sex*	Exact Use	Level	Date of Birth	Purchase Date	Purchase Price	Insured Amount**◆
A.								
B.								
C.								
D.								
E.								
F.								
G.								
H.								
I.								
J.								
K.								
L.								
M.								
N.								
O.								
P.								
Q.								
R.								
S.								
T.								
U.								
V.								
W.								
X.								
Y.								
Z.								

\*G-Gelding, M-Mare, S-Stallion

\*\* If requested value exceeds the purchase price, please provide explanation of value (i.e. competition record, appraisal, training, etc.)  
 ◆ Insured amount should not exceed the horse's current fair market value.

Loss Payee or Additional Insured Name: \_\_\_\_\_  
 (Please indicate on which horses Loss Payee or Additional Insured Name applies.)

*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:** \_\_\_\_\_  
**(must be no more than 30 days prior to policy effective date)**

# COVERAGE REQUEST

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Muncie, IN 47308-0151

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Fax: 866-207-6953  
www.insureyourhorse.com

Your Name: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

No coverage may be considered bound until you receive confirmation from Equine Insurance Specialists.

## METHOD OF PAYMENT AND AMOUNT ENCLOSED

### 1. CREDIT CARD PAYMENT

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ Signature Code: \_\_\_\_\_ (last 3 digits on back of card)

Signature: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_

(NOTE: Credit card payments submitted for sub-produced business will be subject to a 2.5% commission reduction.)

**Cards Accepted:**

Mastercard

Visa

### 2. PERSONAL CHECK OR MONEY ORDER (VIA REGULAR MAIL)

Payment by check or money order is enclosed in the amount of \$ \_\_\_\_\_

### 3. CHECK BY FAX

Payment by check is being made via fax in the amount of \$ \_\_\_\_\_

Attach a copy of the signed and completed check to this form and fax to (866) 207-6953 and retain for your records.

**Do not mail the original to us.**

**DO NOT MAIL – DO NOT MAIL – DO NOT MAIL – DO NOT MAIL – DO NOT MAIL – DO NOT MAIL**

## **FOR USE WITH CHECK BY FAX**

**Affix your completed, signed check and fax to (866) 207-6953.**

**DO NOT MAIL YOUR CHECK TO US!**

**DO NOT MAIL – DO NOT MAIL – DO NOT MAIL – DO NOT MAIL – DO NOT MAIL – DO NOT MAIL**