

JUSTIN INSURANCE

EQUINE AND RANCH SPECIALISTS

(800) 972-0272

FAX (940) 648-3738

1256 FM 407 JUSTIN, TX 76247

www.justininsurance.com

APPLICATION AND STATEMENT OF CONDITION

Name/Address of Applicant	Telephone	Endorsements
	Day _____	<input type="checkbox"/> Loss of Use
	Evening _____	<input type="checkbox"/> Fertility
	Fax _____	<input type="checkbox"/> Medical (complete back of this application)
	Mobile _____	

Name of horse	Registration or Tattoo No.	Sex	Breed	Sire	Dam	Date of Birth

Color	Purchase Date	Purchased From	Purchased at Auction, Private or Homebred?	Purchase Price	Intended Use and Function	Amount of Insurance Desired

1. Are you the horse's sole owner? _____ Other owner's name and address: _____
2. Was this animal previously or is it presently insured by you or any of its owners? _____ If yes, expiration date, for what amount and company name(s) _____
3. Have you ever been paid a livestock claim? _____ If yes, give details: _____
4. Have you ever been denied a livestock claim? _____ If yes, give details: _____
5. Has any insurance company ever cancelled any insurance or refused to insure any animal in which you have or had an insurable interest? _____ If yes, give details: _____
6. Has there been any illness, injury or death to this horse or any other horses owned by you in the past 36 months? _____ If yes, give details: _____
7. Method of worming used, how often and last date of worming: _____
8. Does pedigree have HYPP or HERDA linkage? _____ If tested, give results: HYPP _____ HERDA _____
9. Is the animal used for steeplechasing, hunting, jumping, flat racing, or for any other use other than that listed on application? _____
10. If you are insuring the horse for more than purchase price, the amount of insurance must be justified by performance record, winnings, training expenses incurred after the purchase, stud fee if mare is in foal, or number of mares bred if a stallion. Please give complete information to justify value: _____
11. FOR FOALS ONLY: If foal listed above is homebred, please give stud fee paid _____ and current stud fee _____. Please give produce record of Dam (including sales and performance records on other foals) _____
12. FOR STALLIONS ONLY: Current stud fee _____ Stud fee last season _____ Number of mares bred last year _____ and number conceived _____
13. FOR MARES ONLY: Is mare in foal? _____ if yes, what was stud fee _____ and when due to foal? _____ Has mare ever had young which were lost at birth? _____

GENETIC OR PRE-EXISTING CONDITIONS MAY BE EXCLUDED FROM COVERAGE

PROOF OF CURRENT WEST NILE, VENEZUELAN EASTERN WESTERN ENCEPHALOMYELITIS TETANUS (VEWT) AND FLU/RHINO VACCINES MAY BE REQUIRED SHOULD THERE BE A CLAIM.

I, the undersigned, request insurance on the horse listed above. I understand coverage will be subject to the terms and conditions of the Policy to be issued, and I warrant the correctness and truth of the information stated above and declare to the best of my knowledge that during the past three years the animal has been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand this Application and Statement of Condition shall be the basis of the insurance contract and if anything is falsely stated or withheld, the insurance contract could be rendered null and void. I also understand that no coverage will be in effect until the date shown on the policy to be issued and I agree to NOTIFY THE COMPANY IMMEDIATELY SHOULD THERE BE ANY INJURY, ILLNESS OR POTENTIAL CLAIM involving the horse insured.

DATE: _____ SIGNATURE OF APPLICANT: _____

PHOTOS REQUIRED IF HORSE IS UNREGISTERED

MEDICAL COVERAGE REQUEST

CLIENT'S NAME _____ NAME OF HORSE _____

	COLIC ONLY (TREATMENT AND SURGERY)	SURGICAL ONLY (UNDER GENERAL ANESTHESIA)	\$10,000 MAJOR MEDICAL	\$15,000 MAJOR MEDICAL
PREMIUM	\$150	\$150	\$375	\$475
COVERAGE LIMIT	\$10,000	\$10,000	\$10,000	\$15,000
DEDUCTIBLE	\$250	\$250	\$250	\$250
CO-INSURANCE:				
30% insured/70% company on reasonable & customary veterinary fees	●	●	N/A	N/A
30% insured/70% company on diagnostic testing	N/A	N/A	●	●
60 days of Gastric Ulcer Rx if necessary postoperatively and prescribed by veterinarian	●	●		
No minimum insured value	●	●	●	●
Available to horses aged 30 days to 20 years	●	●	●	●
Includes race horses	●			
120-day extension of benefits provision	●	●	●	●
Claims must be filed within 60 days after medical treatment	●	●	●	●
Covers accident, injury, illness and disease	●	●	●	●
Covers respiratory surgery		●	●	●
Covers respiratory or breathing treatment			●	●
Covers navicular, arthritis, or degenerative joint disease		●	●	●
Covers stem cell therapy			●	●
Covers shockwave therapy up to \$1,200			●	●
Covers IRAP and PRP therapies up to \$1,200			●	●

CHECK COVERAGE(S) DESIRED (IF ANY):

DECLINE ALL \$150 \$150 \$375 \$475
 MEDICAL COVERAGE

SIGNATURE _____ DATE _____ TOTAL MEDICAL PREMIUM \$ _____

NOTES:

- ALL PRE-EXISTING CONDITIONS ARE EXCLUDED
- All medical endorsements are stackable. For example, \$25,000 of major medical coverage is obtainable at a premium of \$850.00.
- Performance-enhancing treatments, joint injections, chiropractic work, acupuncture, farm call charges, animal transport fees, and pre-existing conditions are not covered.
- There is no limit on duration of treatment or boarding/hospitalization days.
- Coverage is not effective until this signed form is received and approved by the underwriters of Great American Insurance Group.

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