

□ MORTALITY INSURANCE QUOTE REQUEST □

Sport Horse Insurance Group

579 Mound Ct. Ste A
Lebanon OH 45036

Name and Address of Applicant:

Phone: _____

Fax: _____

Desired Effective Date: _____

Email Address: _____

East Coast: Rachel Craig
Main Line: 770-876-2509
rchlcausey@gmail.com

West Coast: Taylore Van Soelen
Main Line: 325-456-3292
tayloreashton@gmail.com

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

** If requested value exceeds recent purchase price, please provide explanation of value (i.e. competition record, training, etc.)
◆ Insured amount should not exceed the horse's current fair market value.
◆ The minimum premium for Mortality Insurance policies is \$500.

Name of Horse	Breed	Sex*	Exact Use / Level	Age / Date of Birth	Purchase Date	Purchase Price/Stud Fee	Percentage of Ownership	Insured Value**◆
A.								
B.								
C.								
D.								
E.								
F.								
G.								
H.								

*If the horse in question is a foal between the ages of 24 hours and 30 days we will require specific blood levels and a completed vet certificate dated within **ONE DAY** of policy inception*

Horse:	A	B	C	D	E	F	G	H	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical / Surgical (\$7,500 Limit - Minimum horse value \$7,500.)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical / Surgical (\$10,000 Limit - Minimum horse value \$10,000.)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical / Surgical (\$15,000 Limit - Minimum horse value \$15,000.)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical (\$5,000 Limit)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical (\$10,000 Limit)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stallion Infertility for Accident, Sickness & Disease
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worldwide Coverage Extension: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>List the country and anticipated dates of travel are required to quote this coverage.</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

- Are any horses currently insured? If yes, please advise which horse(s), as well as the name of the insurance company and the coverage expiration date.
- Are any horses leased? If yes, please advise which horse(s), as well as the start and end dates of the lease.
- Are any horses on trial for purchase? If yes, provide details.
- Have any horses had medical issues, injections or claims within the last twelve months? If yes, please advise which horse(s) and briefly describe the issue. If a claim has been made, how much was paid? Please also advise whether or not the issue has resolved.
- Would you prefer to receive a quote from an insurance company that allows you to pay your premium installments as opposed to all at once?
- Are any horses financed? If yes, please advise which horse(s).

*Full Loss of Use and External Injury - Loss of Use coverages are only offered to horses valued over \$50,000.
Acceptable uses include: Dressage, Driving, English Pleasure, Hunter, Jumper, Western Pleasure.*