

BUXTON EQUINE INSURANCE

PO Box 6823, Lake Worth, FL. 33466-6823, Local 561-585-0900, Long Distance 1-800-588-1403, Fax 1-561-586-0870

Insured: _____

Coverage
Effective date: _____

Address: _____

Telephone: _____

e-mail Address: _____

Circle desired coverage: Mortality Major Medical Surgical Loss of Use (LOU) International
Transportation

THIS FORM APPLIES ONLY TO ANIMALS TO BE INSURED FOR \$50,000 OR LESS

STATEMENT OF CONDITION

I declare to the best of my knowledge and belief that the equine(s) on the following schedule are in normal, healthy and sound condition. I further declare that to the best of my knowledge and belief that during the past three (3) years the below equine(s) have been free from any **ILLNESS, INJURY, DISEASE or ACCIDENT**. I understand and agree that this Statement of Condition (SOC) shall be the basis of the **INSURANCE CONTRACT** and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage the Insurance contract will be **Unbinding and Invalid**. Any exception must be noted.

NAME	BREED	AGE	SEX	USE	DATE PURCHASE	PURCHASE PRICE	AMOUNT OF INSURANCE
1 _____							
2 _____							
3 _____							
4 _____							
5 _____							

Date

Signature

EQUINE INSURANCE - - IT IS OUR FULL LINE NOT OUR SIDELINE!

SUBSTANTIATION FOR INSURABLE VALUES

AMOUNTS OTHER THAN THE PURCHASE PRICE ARE SUBJECT TO ACCEPTANCE BY THE COMPANY FOR CONSIDERATION OF INCREASE AND/OR STATED VALUES. Please indicate below each equine(s) records (if any) of Show class points. Racing wins earned, Sires (Stallion) information, and Dams produce history. Also include details of prize winnings, stud fees, value of progeny (Full brother(s)/sister(s)) sold-race-shown, additional cash investments, and other pertinent data relating to value, attach additional sheets as required:

	Name	Information
(1)	_____	_____
	_____	_____
(2)	_____	_____
	_____	_____

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE
(Not necessary for specified perils Coverage – Fire, Lightning and Transportation)

Equine being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining veterinarian to the best of their ability as a licensed veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, _____ do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____ and that I have this day examined:

	Name	Use	Age	Color	Sex	Breed
(1)	_____	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____	_____

Owned by _____
Name Address Zip

	Yes		No			Yes		No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of Colic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has horse been castrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart auscultated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has surgery been performed on the animal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History or evidence of bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If mare, is she reported in foal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of laminitis/founder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date last wormed _____ How often wormed _____

If any surgery has been performed, describe type of surgery and date _____

If surgery has been performed, has the equine fully recovered? Yes No Explain: _____

Is there any likelihood of future danger to life or limb as a result of such surgery? Yes No Explain: _____

Any lameness or faulty conformation or other abnormal conditions? Yes No Explain: _____

Is stabling adequate? Yes No If No explain: _____

Is there evidence of vices or objectionable habits? Yes No If No explain: _____

In your opinion or to your knowledge are there any medical facts that should be brought to the attention of the Buyer and/or Company? Yes No

If Yes explain: _____

Are you the regular veterinarian for the animal(s) or client? Yes No If yes explain: _____

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE EQUINE IS EXCEPT AS NOTED SOUND.

Remarks _____

Signed _____ Date of exam _____ Address _____

Veterinarian

Phone Number (____) _____

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NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED AND VETERINARIAN IF INSURABLE VALUE IS MORE THAN \$50,000

Effective Date Desired _____

1. Name of Insured _____

Please Circle ALL Coverage(s) Desired

2. Address _____

A. Full Mortality & Theft

B. Named Perils

Major Medical (\$250.00 per Animal)

Fire, Lighting & Transportation

3. Telephone # _____

Surgical (\$85.00 per Animal)

Optional Perils

4. E-MAIL Address _____

Loss of Use (Additional 3.75% Value)

ASD

5. Is this (Please Circle): New Renewal

Additional Coverage - Current Policy Number _____

6. Any of the equine(s) financed? Yes No If yes the amount due _____ When _____

To whom Name: _____ Address: _____

7. Is there any other insurance on any of the equine (s) listed herein? _____

8. Chiefly kept on the premises known as _____

9. Trainers name and address: _____

1	Name of Equine	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed/Registration #	Dam		DOB	Date Purchased	Rate per \$1,000	
2	Name of Equine	Sire	Use	Sex	Purchase Price	Amount Desired	Premium
	Breed/Registration #	Dam		DOB	Date Purchased	Rate per \$1,000	

10. If mare in foal, name of covering stallion & stud fee paid _____ If a raised foal give stud fee _____

11. Has any animal named herein been afflicted with any disease or sickness or received hurt or injury in past 12-month period? Yes No

If so give particulars _____

12. Is any equine(s) herein used as a: Hunter Jumper Eventing Racing

13. Are the eyes, legs, and feet of herein equine(s) in normal condition? Yes No If No what's problem? _____

14. Has the above equine(s) been castrated, fired, blistered, de-nerved, operated on or received treatment for lameness at any time? Yes No

15. Has any equine(s) named herein ever Colic, Indigestion or related illness at any time? Yes No If Yes how often? _____

When was the last attack (Month/Year)? _____ Cause of attack if known? _____

16. How many equine have you lost to death in past 3 years? _____ Cause of death(s)? _____

Date of death (Month/Year) _____ Insured amount (\$) paid? _____ How many other horse(s) do you own? _____

17. Does the equine(s) have faulty conformation that could affect its ability to perform its insured purpose? Yes No Explain _____

18. Does equine pedigree/linage have history of HYPP linkage? Yes No Test Results? NN NH HH

19. Was purchase price cash, trade or both? _____ If part trade state what trade consisted of and state cash paid _____

20. Do you understand that it is required under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY, DISEASE

OR DEATH or your claim may be denied and do you agree to do so? Yes No

21. Has any company ever rejected an application for insurance or canceled a policy on any equine herein described? Yes No

DECLARATION

I, the undersigned, hereby apply to insure the above mentioned equine(s) owned by me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief the above statement are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued and if anything be falsely stated or information withheld to influence the company's decision the insurance contract will be unbinding and invalid.

Date _____ Signature of Applicant _____