

Mountain View Office Park  
 850 Bear Tavern Road  
 Suite #305  
 Ewing, NJ 08628  
 800-393-4339  
 609-406-0707(fax)

# E.P. Bishop Co.

## Insurance Service

### Application for Horse Mortality

### 1-800-393-4339 (Toll Free)

P.O. Box 334  
 Washington Crossing, PA  
 18977

### How to apply for New or Renewal Coverage

1. Complete Section I below. Please read carefully answering all of the questions and sign and date the application at the bottom of the page.
2. Veterinary Certificate (Section II). A Veterinary Exam may be required for new or renewal business depending on age, value, use and coverage requested. Please consult with your E.P. Bishop Co. representative to determine if a veterinary exam is required.
3. Declaration of Health (Section III). If a Veterinary Exam is not required for new or renewal business, you will need to complete the Declaration Of Health section and sign and date where indicated.
4. Premium payment. Call your E.P. Bishop Co. representative to determine your premium payment.
5. Mail or fax your application and Veterinary Exam of Health Statement to E.P. Bishop Co. Coverage is effective once the completed and signed application, Veterinary Exam or Health Statement, and premium payment is received and approved by our underwriters. The Application and vet certificate or Declaration Of Health must be completed no more than 30 days prior to receipt in our office.

<p><b>Section I (to be completed by owner or agent)</b></p> <p style="text-align: center;"><b>NAMED INSURED:</b></p> <p>Full name(s): _____</p> <p>Address: _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone #home: _____</p> <p>Office: _____</p> <p>Is this New Business _____, Renewal Business _____, or        Additional Coverage _____</p> <p>Current Policy #: _____ Effective Date: _____</p>	<p><b>Choose Coverage and Optional Coverages:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Coverages</th> <th style="text-align: center; border-bottom: 1px solid black;">Horse #1</th> <th style="text-align: center; border-bottom: 1px solid black;">#2</th> </tr> </thead> <tbody> <tr> <td>Full mortality</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Optional w/mortality</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Major Medical/Surgical</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Surgical Only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Loss of Use "A"(expanded)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Loss of Use "B" (standard)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Specified Perils</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Coverages	Horse #1	#2	Full mortality	<input type="checkbox"/>	<input type="checkbox"/>	Optional w/mortality	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical/Surgical	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Only	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Use "A"(expanded)	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Use "B" (standard)	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Specified Perils	<input type="checkbox"/>	<input type="checkbox"/>
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**Horses to be Insured:** (Be sure the numbers correspond to the horses and coverage selected above)

HORSE #	NAME & REGISTRATION #	BREED	AGE	SEX	USE	PURCHASE		AMOUNT DESIRED
						Date	Amount	
1								
2								

If AMOUNT DESIRED is greater than PURCHASE PRICE, please provide a JUSTIFICATION OF VALUE STATEMENT

Are you the sole owner or a leasee? \_\_\_\_\_ Give name and address of other interest: \_\_\_\_\_ (if leased, submit agreement)

Is there any other insurance on any of the animals listed herein? \_\_\_\_\_

Chiefly kept on premises know as \_\_\_\_\_

Name, address of trainer: \_\_\_\_\_

Name, address of usual veterinarian: \_\_\_\_\_

Has any animal listed above ever been afflicted with any disease or sickness or recieved any injury during the past 12 months? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Has any listed animal ever had colic? \_\_\_ If so, give details: \_\_\_\_\_

If mare in foal, name covering stallion & stud fee paid? \_\_\_\_\_ If raised foal, give stud fee: \_\_\_\_\_

Have you lost any animal by death or theft in your care or ownership in the last 3 years? \_\_\_\_\_ Details: \_\_\_\_\_

Have you been paid any claim on livestock? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

Has any company ever rejected an application for insurance or cancelled a policy whether listed or not? \_\_\_\_\_

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? \_\_\_\_\_

I, the undersigned hereby apply to insure the above mentioned animal(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 statements are true and complete and that I have not withheld any material information. Signing this form does not bind the application to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy to be issued and if anything be falsely stated or information withheld to influence the company's decision the insurance contract will be null and void.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

## Section II

If checked, the veterinary certificate is to be completed by your veterinarian. A veterinarian exam is required to obtain coverage for your new or renewal business.

### Veterinary Certificate of Examination for Mortality Insurance

It is required in every case that the animal should be examined outside of the stall and that it should be made to move about to demonstrate soundness of limbs and freedom of action. Careful observation and injury should be made as to housing conditions and presence of contagious disease.

I, \_\_\_\_\_ do hereby certify that I am a graduate Veterinarian, holding a current license to practice in the state of \_\_\_\_\_ and that I have this day examined the following: Named: \_\_\_\_\_

Age \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_ Owned by \_\_\_\_\_

	YES	NO		YES	NO
Pulse and Respiration Normal	<input type="checkbox"/>	<input type="checkbox"/>	History or Evidence of Bleeder	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Normal	<input type="checkbox"/>	<input type="checkbox"/>	Eyes Clinically Normal	<input type="checkbox"/>	<input type="checkbox"/>
Heart Auscultated and Found Normal	<input type="checkbox"/>	<input type="checkbox"/>	History or Evidence of Nerving	<input type="checkbox"/>	<input type="checkbox"/>
If Mare, is She Reported in Foal	<input type="checkbox"/>	<input type="checkbox"/>	Has Horse Been Castrated	<input type="checkbox"/>	<input type="checkbox"/>
Expected Foal Date _____			If Male, are Both Testicles Evident	<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 horse fully recovered? \_\_\_\_\_

Is there any likelihood of future danger to life or limb as a result of such surgery? \_\_\_\_\_

Any lameness, faulty conformation, evidence of laminitis/founder or other abnormal conditions? \_\_\_\_\_

Is the stabling adequate? \_\_\_\_\_ History of Colic? \_\_\_\_\_

Is there evidence of vices or objectionable habits? \_\_\_\_\_ Are you the regular Vet? \_\_\_\_\_

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company? \_\_\_\_\_

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

Signed \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

## Section III

If checked a veterinary exam is NOT required, you MUST complete the following Declaration of Health section. A Declaration of Health statement must be completed to obtain your new or renewal business.

### DECLARATION OF HEALTH

I/We attest and confirm that the horse (s) named: (1) \_\_\_\_\_,

(2) \_\_\_\_\_ has had no health problems requiring the attendance of a veterinarian during the last 12 months and is in all respects free from all injuries, illnesses and diseases.

I/We understand and agree that the statements contained herein 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

\_\_\_\_\_  
Date (must be within 30 days of effective date)

Please list the health exceptions below with dates and treatments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the insured cannot certify that a horse has not had any sickness, illness, injury or disease, then a satisfactory veterinarian certificate will be required prior to binding coverage. If any exceptions are noted, other than routine veterinarian care, full mortality coverage will be subject to Company acceptance before being bound.