



# APPLICATION FOR LIVESTOCK INSURANCE

**THIS IS NOT A BINDER**

210-271-9834 Fax 1-210-271-9838

1-800-990-9880 1-800-805-9881

Jones Bloodstock Insurance Agency,

Inc.

P.O. Box 1434

San Antonio, Texas 78295

No application will be considered if not fully completed and signed. A completed veterinarian examination must accompany this application.

|                   |       |   |  |
|-------------------|-------|---|--|
| NAME OF APPLICANT |       | <input type="checkbox"/> Renewal <input type="checkbox"/> New |  |
| ADDRESS           |       | PHONE NUMBER<br>(    )  |  |
| CITY              | STATE | ZIP   |  |

|   |  |
|---|--|
| POLICY PERIOD<br>From _____ To _____  |  |
| PAYMENT MODE<br><input type="checkbox"/> Premium Due In Full  |  |
| COVERAGE REQUIRED<br><input type="checkbox"/> Mortality & Theft <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Major Medical    _____<br><input type="checkbox"/> Emergency Colic Surgery    _____ |  |

INSTRUCTIONS: 1. Photograph required for unregistered animals. 2. Use these codes for sex of animal: M - Mare; S - Stallion, F - Filly; C - Colt; G - Gelding.

| Name | Breed | Sex | Date of Birth | Exact Use | Date Acquired | Acquired from Name/Address | Purchase Price | Amount Insured | Rate Co. Only |
|------|-------|-----|---------------|-----------|---------------|----------------------------|----------------|----------------|---------------|
|      |       |     |               |           |               |                            |                |                |               |

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_ Registration Number/ Other Identification: \_\_\_\_\_

- Are you the sole owner of this horse? \_\_\_\_\_. If no please list of all owners. \_\_\_\_\_
- Is this horse leased? \_\_\_\_\_. If yes please provide details. \_\_\_\_\_
- Under policy conditions, immediate notice of any illness, injury, disease or death must be made by telephone to our agency. Any failure to notify us could result in denial of your claim. Do you understand the condition and agree to give notice if needed? \_\_\_\_\_
- Is the horse currently in your care and custody? \_\_\_\_\_ If no, please provide trainer or stable details where the horse is located. \_\_\_\_\_
- Is this horse currently insured? \_\_\_\_\_ If yes, please provide details. \_\_\_\_\_
- Has any company ever denied, canceled or non-renewed any insurance policy for you or any horse you have owned? \_\_\_\_\_
- Has horse ever undergone surgery to remove bone chips, been fired or blistered or treated for any type of lameness? \_\_\_\_\_ If yes please attach details.
- Please list any mortality claim or medical/surgical claim you have made in the past 3 years. Please include date of claim and claim details. \_\_\_\_\_
- Does the horse have any history of injury or lameness? \_\_\_\_\_
- Has the horse ever suffered from colic, undergone colic surgery or suffered from any gastrointestinal disorder? \_\_\_\_\_ If yes please attach details.
- Has horse ever received any injection of their joints? \_\_\_\_\_ If yes please attach details.

### Agency Administration Fee of \$25.00 Charged on All Policies

I understand that the insurance being applied for if accepted by the company will be based on the statements made in this application. I have answered all statements to the best of my knowledge and in my opinion, represent a normal risk for insurance. I agree that if any information has been withheld or falsely stated, any insurance issued may be subject to rescission or modification by the Insurer.

|                           |             |
|---------------------------|-------------|
| APPLICANTS SIGNATURE<br>X | DATE<br>/ / |
| PRINTED NAME<br>X         |             |