

**STOCKMENS INSURANCE AGENCY LLC**

Box 277, R.R. #4, Site 412

Saskatoon, Saskatchewan S7K 3J7

PH: 306/931-4555 Fax: 306/931-4533

**AGENCY: PELTON Livestock LLC**

Bill Pelton

Tel: 406 671 5100

Email: bill@billpelton.com

**APPLICATION FOR LIVESTOCK MORTALITY INSURANCE – EQUINE**

Name of Applicant \_\_\_\_\_ Telephone(s) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Mortgage or other Ownership Interest \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Location where horse kept \_\_\_\_\_

Under whose supervision?

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**DESCRIPTION OF HORSE TO BE INSURED**

BREED	SEX	NAME	DATE OF BIRTH	REGISTRATION, TATTOO OR FREEZE BRAND NO.	AMOUNT OF INSURANCE DESIRED

Physical Description of Horse (i.e. Color, etc.) \_\_\_\_\_ Use of Horse \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Date of Acquisition \_\_\_\_\_ How Acquired: Auction, Private Treaty, Homebred, Other \_\_\_\_\_ If Purchased – Purchase Price \$ \_\_\_\_\_

If Racing - Date of Last Start \_\_\_\_\_ Amount of Money Earned During the Previous 12 Months \_\_\_\_\_

Has any Horse(s) Owned by You died in the past 36 months? \_\_\_\_\_ State Cause and if Insured, Name of Insurance Co. &amp; Broker \_\_\_\_\_

Has any Insurance Company cancelled or refused to insure or renew insurance on your horse(s)? \_\_\_\_\_ If Yes, Give Details \_\_\_\_\_

State the nature of any illness, disease, lameness, or injury to the above named horse in the past 36 months \_\_\_\_\_

Name and Address of your Regular Veterinarian \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Previous Insurance Company \_\_\_\_\_

Amount of Livestock Mortality Insurance Requested:

\$ \_\_\_\_\_ X Rate \_\_\_\_\_ % + \_\_\_\_\_ = Premium \$ \_\_\_\_\_

Additional Coverage : Equine Surgical \_\_\_\_\_ \$5,000 Limit

Effective Date \_\_\_\_\_

**PROPOSAL DECLARATION – MUST BE SIGNED AND DATED FOR ALL APPLICATIONS**

I/We the undersigned hereby apply for insurance on the animal(s) described hereon, subject to the terms and conditions of the Policy to be issued and I/We warrant and declare the animal(s) described hereon to be in sound health and free from any illness, disease, lameness, injury or physical disability whatsoever at this time and that I/We have not withheld any information which would affect the Insurer's acceptance of my/our application for Livestock Insurance.

I/We further agree that this declaration shall be the basis of the insurance applied for and that there shall be no liability hereunder until this application has been accepted and a policy of insurance has been issued by the Insurer. I have been advised of and agree to the application of the policy fee.

Signed (applicant) \_\_\_\_\_ Date \_\_\_\_\_

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**VETERINARY EXAMINATION CERTIFICATE – EQUINE**

Place of Examination: \_\_\_\_\_ Date of Examination \_\_\_\_\_

**DESCRIPTION OF HORSE EXAMINED:**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Approximate Age \_\_\_\_\_

Dam \_\_\_\_\_ Sire \_\_\_\_\_ Approximate Height \_\_\_\_\_ Tattoo \_\_\_\_\_

Color and markings \_\_\_\_\_ Intended use of horse examined \_\_\_\_\_

**INSTRUCTIONS TO EXAMINING VETERINARIAN:**

An adequate history, including the possibility of occurrence of colic, bleeding, abortion, accident, illness or disease or surgical operations (e.g. neurectomy) must be recorded below. It is required that each animal shall be examined outside the stall and that it be made to move about to demonstrate freedom from lameness. A physical examination of each individual, including temperature, pulse rate, respiratory rate, auscultation of the heart and lungs (pre and post exercise), auscultation of the abdomen and test of visual activity must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.

**I. HISTORY**

- (a) Is there any history of colic? Yes No  
If yes, describe below.
- (b) Is there a history of bleeding (epistaxis)? Yes No  
If yes, describe below.
- (c) Has there been any previous illness or disease? Yes No  
If yes, describe below.
- (d) Is there a history of previous surgical Operations on this horse? (e.g. neurectomy) Yes No  
If yes, describe below.
- (e) Has this mare ever aborted? Yes No  
If yes, describe below.
- (f) Date of last Coggins test: \_\_\_\_\_  
Result: \_\_\_\_\_

III. (a) Have you previously attended the above horse? If yes, for what purpose: Yes No  
\_\_\_\_\_

(b) Have you previously attended other animals for the applicant? If yes, for how long? Yes No  
\_\_\_\_\_

(c) Are the applicant's husbandry practices (e.g. nutrition, facilities, parasite control and vaccination schedules) Adequate Inadequate  
If inadequate, describe: \_\_\_\_\_

(d) Is the incidence of contagious disease in this horse's environment significantly higher than normal? Yes No  
If yes, describe: \_\_\_\_\_

**II. EXAMINATION**

	Pre – Exercise		Post Exercise	
	Normal	Abnormal	Normal	Abnormal
Temperature	_____	_____	_____	_____
Pulse Rate	_____	_____	_____	_____
Respiratory Rate	_____	_____	_____	_____
If abnormal, state abnormality:	_____			

(b) Auscultation of heart: Normal Abnormal  
Auscultation of lungs: \_\_\_\_\_  
Auscultation of gastrointestinal tract: \_\_\_\_\_  
If abnormal, state abnormality: \_\_\_\_\_

(c) Locomotion: Normal Abnormal  
If abnormal, state abnormality below.

(d) Eyes Normal Abnormal  
If abnormal, state abnormality below.

(e) Is the mare pregnant? Yes No  
Last breeding date: \_\_\_\_\_  
If yes, describe any signs which may be detrimental to normal parturition below.

(f) Has the horse been castrated? Yes No

(g) If male, are both testicles evident? Yes No

(h) Are there any symptoms that are detrimental to satisfactory breeding? Yes No

IV. Give complete details as may be required by the above questions or if there is additional information concerning the health and soundness of this horse that would affect its insurability:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. I have examined the above horse on this date and my opinion as to its health and soundness is accurately stated above.

Name of Examining Veterinarian (please print) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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