



APPLICATION FOR INSURANCE WITH AMERICAN LIVE STOCK INSURANCE COMPANY

I/WE _____
of _____
Address _____ Zip Code _____ Telephone _____

hereby apply for insurance against loss by death resulting from disease or accidental injuries for the term of ____ on the following described animal or animals:

Name of Animal	Registration and/or Tattoo Number	Breed	Use	Purchase Price	Amount of Insurance	Rate	Premium
		Sex	Birthdate	Purchase Date			

- Veterinary certificates must be current within 14 days of inception.
- Purchase price must be actual cash price paid at the time of purchase.

In making application for this insurance, I/We declare the above facts confirm my knowledge and also that this insurance has not been refused elsewhere, no other insurance is in effect, or that insurance is in excess of fair market value. I/We declare that I/we are the sole owner of the animal(s) herein described and that same is now in sound and good condition; and that there is not now, nor has there been any contagious disease in my/our vicinity; and that I/we know of no reason why this insurance should not be granted.

Values based on:

Appraisal Private Purchase Auction Purchase

Use Examples — Breeding, Racing, Jumping, Show, Cutting, Pleasure.

Signature of Applicant Date _____



AMERICAN LIVE STOCK INSURANCE COMPANY

200 South Fourth Street — P.O. Box 520
Geneva, Illinois 60134-0520
(630) 232-2100 FAX: (630) 232-2292



VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

Horses 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 his ability as a licensed Veterinarian. The completed certificate should be forwarded 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 back of page for more than one horse) Age _____ Color _____ Sex _____ Breed _____

Sire _____ Dam _____

Markings or tattoo number _____

Owned by _____
Name _____ Address _____

	Yes	No		Yes	No
Pulse and respiration normal?	___	___	History or evidence of nerving?	___	___
Temperature normal?	___	___	Has horse been castrated?	___	___
Eyes clinically normal?	___	___	Has any surgery been performed on the horse?	___	___
Heart auscultated?	___	___	If mare, is she reported in foal?	___	___
History or evidence of bleeder?	___	___	If male, are both testicles evident?	___	___

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

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 or faulty conformation or other abnormal conditions? _____

Is the stabling adequate? _____

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

Is there evidence of vices or objectionable habits? _____

Has official E.I.A. Test been run? _____ Date? _____ Lab. No. _____ Result _____

Except as noted above, I hereby certify that to the best of my knowledge and belief the horses shown on this certificate are normal in every other respect.

Remarks: _____

Signed _____

Date of Examination _____

Address _____

