

BROAD FORMS NAMED PERIL APPLICATION



COLLEY, BORLAND & VALE INSURANCE BROKERS LIMITED
 4591 Highway 7 East
 Unionville ON L3R 1M6
 Phone (905) 477-2720 Fax (905) 477-2724

Name:		
Address:		Postal Code:
Home Telephone:()	Business Telephone:()	
Horse Name:		Breed:
Date of Birth:	Sex:	Registry #:
Location of Horse:	Value:	Premium:
Veterinarian Name:		
Veterinarian Address:		Postal Code:
Last Vet Visit:	Reason:	
Last Wormed:	Last Shots:	
I request optional Vet Coverage Yes <input type="checkbox"/> No <input type="checkbox"/> (Applicable to insured perils only)		
Amount Requested: \$	Premium:	
I have enclosed: <input type="checkbox"/> 1. Bill of Sale <input type="checkbox"/> 2. Registration <input type="checkbox"/> 3. Vet Certificate <input type="checkbox"/> 4. Dated Photo <input type="checkbox"/> 5. Cheque		

Coverage NOT in effect until ALL documentation is received.

I hereby certify my horse has no pre-existing condition or illness that affects this policy coverage.

Date: _____ Signature: _____