

# ANIMAL MORTALITY APPLICATION

EQUINE INSURANCE UNDERWRITERS LIMITED  
 106 - 3701 EAST HASTINGS STREET  
 BURNABY, BC, CANADA V5C 2H6  
 PHONE (604) 293-1531 FAX (604) 293-1248

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



## TO BE COMPLETED IN FULL BY OWNER OR AUTHORIZED AGENT

Name of Registered Owner

Mailing Address

If not Sole Owner of animal state full details of designated owners and their interest

## ANIMAL DESCRIPTION

SEX	AGE	NAME	BREED	USE/FUNCTION	* TATOO or REGISTRATION NUMBER *if not tatoo'd or registered please attach a photo
					*if not tatoo'd or registered please attach a photo

Date of Acquisition

Purchase Price

Purchased From

Name of Veterinarian to last examine this animal prior to the date of this application

Date of last examination

Reason for last examination

Name of Regular Verterinarian

Distance from Veterinarian by road (in miles)

I saw this animal personally on (date)

Name and Address of individual who normally cares for this animal

Are there any insurance claims in the last 5 years?

Yes  No

If yes, describe

Have you ever been refused insurance?

Yes  No

Previous insurer

## LIMITS OF INSURANCE

		LIMITS				
1	MORTALITY	\$				
The following options are available for an additional premium. Coverage not provided unless appropriate box is marked "YES"						
2	SURGICAL/MAJOR MEDICAL EXTENSION?	YES ( )	Circle Limit	\$2,500	\$5,000	\$7,500
3	DEATH CLAIM EXPENSE REIMBURSEMENT?	YES ( )				\$2,000
4	COMPREHENSIVE GENERAL LIABILITY?	YES ( )	Circle Limit	\$1,000,000	or	\$2,000,000
5	TWELVE MONTH EXTENSION CLAUSE?	YES ( )				

**SPECIAL NOTICE - THE AMOUNT THAT WILL BE PAID IN THE EVENT OF A CLAIM WILL BE THE LESSOR OF, THE AMOUNT SHOWN IN THE SCHEDULE, OR THE ACTUAL CASH VALUE AT THE TIME OF SUCH CLAIM.**

## DECLARATION OF OWNER

I declare that the animal listed is in good health and physical condition except as stated on the vet's certificate. I warrant the truth of the statements I have made on this application which shall be the base of the Contract for insurance and if anything be falsely stated or information withheld to influence the Company's decision, the Insurance Contract shall be null and void.

Date

Signed

Owner or Authorized Agent