



BFL CANADA Risk and Insurance Services Inc.
 1700-181 University Avenue, Toronto, Ontario M5H 3M7
 Tel: 416 599-5530 | Fax: 416 599-5458 | 1 800 668-5901

(1) Applicants Name: _____ (2) Address: _____ City _____ CTHS MEMBER: YES / NO

(3) Residence Phone No: _____ Work Phone No: _____ Fax _____ Email _____

(4) Loss Payable: _____

(5) Horses Located at: _____

(6) Coverage Required: Full Mortality () OR Specified Perils () Surgical: \$ 2,500 / \$ 5,000 / \$ 7,500 / \$10,000 NOTE: Surgical coverage only available with Full Mortality

(7) Horses to be insured: (Please circle one only)

| NAME | AGE | SEX | BREED | SIRE | DAM | USE | STUD FEE OR PURCHASE PRICE | AMOUNT OF INSURANCE |
|------|-----|-----|-------|------|-----|-----|----------------------------|---------------------|
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(8) If amount of insurance exceeds purchase price, give information to justify: _____

(9) Has any Horse(s) owned by you died in the past 36 months? _____ If so, state cause and if insured, name of insurer and broker _____

(10) Has any insurance company ever cancelled or refused to insure any horses in which you have or had an insurable interest? _____ If YES, give details: _____

(11) State nature of any illness or injury to animal(s) in past 36 months: _____

(12) Has insurance on this animal(s) been turned down by any veterinarian or insurance company? _____

(13) Was this animal previously insured or is it presently insured by you or partners? _____ If YES, indicate when, expiration date of policy, amount of insurance, insurance company and broker name: _____

(14) Name and telephone number of trainer or farm manager: _____

Name and telephone number of your usual veterinarian: _____ In regards to the above personal information pertaining to myself and my horse I give B.F. Lorenzetti & Associates permission to gather and communicate with necessary individuals (eg. Veterinarian, Trainer, Underwriters) for insurance purposes. _____ (Please Initial)

COVERAGE CANNOT BE BOUND UNTIL THIS APPLICATION AND A COMPLETED SATISFACTORY VETERINARIAN CERTIFICATE ARE RECEIVED AT THE OFFICE OF CLASSIC EQUINE INSCE BROKERS LTD. THE VETERINARIAN CERTIFICATE MUST BE COMPLETED NOT MORE THAN 30 DAYS BEFORE RECEIPT.

STATEMENT OF APPLICANT: I understand that this application shall be the basis of the policy of insurance if issued. Any material misrepresentation or omission in this application will render any such policy null and avoid. I further understand that no insurance shall take effect unless this application is accepted together with a clean veterinary certificate and a policy issued. In the event a policy is issued, I agree to report by phone any illness, injury, disease or death of any insured animal immediately.

* PLEASE NOTE MINIMUM PREMIUM PER POLICY IS \$ 150.00

DATE: _____ Signature: _____