



HORSE MORTALITY | Insurance Application

- (1) Name of Applicant: _____ Email: _____
 (2) Address: _____ City: _____ Province: _____ Postal: _____
 (3) Residence Phone: _____ Mobile Phone: _____
 (4) Loss Payable & Address: _____
 (5) Horses Located at: _____ (6) EC #: _____ or Provincial Membership #: _____

(7) Enter Horse Details Below - for Gender please use: M for Mare, S for Stallion, G for Gelding, F for Filly, C for Colt

NAME OF HORSE	YEAR BORN	GENDER	BREED	USE	PURCHASE PRICE (or Stud Fee)	AMOUNT OF INSURANCE

- (8) Date of acquisition: _____ If amount of insurance exceeds purchase price, please justify: _____
 (9) Has any Horse(s) owned by you died in the past 36 months? _____ If yes, state cause and if insured, name of Insurer and broker.

 (10) Has any Insurance Company ever cancelled or refused to insure any horses of which you have or had an insurable interest? _____ If yes, give details:

 (11) State nature of any illness or injury to this animal(s) in past 36 months: _____
 (12) Has any vet or insurance company declined insurance on this animal(s)? _____ If yes, explain: _____
 (13) Was this animal previously insured or do you or your partners presently insure it? _____ If yes, indicate expiry date of policy, amount of insurance, company and broker name: _____
 (14) Name and telephone number of your usual veterinarian: _____

With respect to the above personal information pertaining to myself and my horse, I give BFL CANADA Risk & Insurance Services Inc. permission to gather and communicate with necessary individuals (eg. Veterinarian, Trainer, Underwriters) for insurance purposes. _____ (Please Initial)

INSURANCE COVERAGES (Please select all that apply)	YES	NO	HORSE #1 LIMIT REQUIRED	HORSE #2 LIMIT REQUIRED
MORTALITY INSURANCE: Option 1 – Full Mortality Option 2 – Specified Perils	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	\$ _____ \$ _____	\$ _____ \$ _____
WORLDWIDE TERRITORY, AIR TRIP TRANSIT, BERSERK	<input type="checkbox"/>	<input type="checkbox"/>	As per Mortality limit	
MAJOR MEDICAL INSURANCE (Surgical Coverage Included) <small>*min. \$20K Full Mortality for \$15K MM</small>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 2,500 \$ 5,000 \$ 7,500 \$10,000 \$15,000*	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000*
SURGICAL INSURANCE ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 7,500 <input type="checkbox"/> \$10,000	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 7,500 <input type="checkbox"/> \$10,000
TACK INSURANCE (\$5,000 Included) (can be increased to \$10,000)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	
HORSE TRAILER PHYSICAL DAMAGE (2% deductible applies)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	

COVERAGE CANNOT BE BOUND UNTIL THIS APPLICATION IS RECEIVED BY BFL CANADA. THE VETERINARIAN CERTIFICATE (IF REQUIRED) MUST BE COMPLETED WITHIN 30 DAYS OF BFL'S RECEIPT OF THIS APPLICATION.

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 void. I further understand that no Insurance shall take effect unless this application and supporting documentation, including veterinary certificate, if required, is accepted and a policy is issued. In the event a policy is issued, I agree to report any illness, injury, disease or death of any insured animal immediately to BFL CANADA Risk and Insurance Services Inc. \$150 Minimum & Retained Premium applies

DATE: _____ Signature of Applicant: _____