



EQUI-CARE MORTALITY APPLICATION (One Per Horse)

Name of Applicant _____

Address _____ City _____ Province _____ PC _____

Phone # _____ Cell # _____ E-Mail _____

What Provincial Equine Association are you a member of? _____

NAME OF HORSE (registered/show and barn name) _____

SEX	BREED	COLOUR	YEAR FOALED
DATE OF PURCHASE	PURCHASE PRICE	USE OF HORSE /DISCIPLINE / LEVEL	REGISTRATION/TATTOO #

Who was horse acquired from? _____

Are you the sole owner? Yes No If NO, state name and address of designated parties and their financial interest (i.e.: Lessor, Syndicate, etc) _____

Are inoculations, dental exam and parasite control current (within last twelve months)? Yes No

Did any horse die or sustain injury while in your care, custody or control in the last 3 years? Yes No If yes, describe _____

Name/individual/stable who cares for this horse _____

Address/Phone # of individual/stable who cares for this horse _____

Is above horse currently insured? Yes No Insurer: _____ Policy # _____ Expiry _____

Any EQUINE insurance claims in the last 5 years? Yes No If YES, describe: _____

Have you ever taken an educational course related to horses? Yes No

Do you work regularly with a credentialed coach/trainer Yes No

COVERAGE	REQUESTED LIMIT	RATE	PREMIUM
Pick one only: <input type="checkbox"/> FULL MORTALITY OR <input type="checkbox"/> NAMED PERILS MORTALITY (includes Death Claim reimbursement, Extra Stabling expense)	\$ _____		\$ _____
Guaranteed Renewal & Agreed Value <input type="checkbox"/> Yes <input type="checkbox"/> No (minimum premium \$50.00)	\$ _____	X 0.50%	\$ _____
MAJOR MEDICAL / SURGICAL	PICK ONE LIMIT		
❖ Claims for Medical / surgical are subject to deductible and / or Co-insurance	<input type="checkbox"/> \$2,500 to \$5,000.	\$225.00	\$ _____
❖ Eligibility for Medical / surgical is limited to horses insured for Full Mortality where the fair market value/limit of coverage is a minimum of \$2,500	<input type="checkbox"/> \$5,001 to 10,000.	\$350.00	\$ _____
❖ Loss settlement for Major Medical/Surgical will not exceed Mortality limit.	<input type="checkbox"/> \$10,001 to 15,000.	\$550.00	\$ _____
Stallion Infertility <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____
World Wide and Air Transit including Berserk <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____

POLICY SUBJECT TO \$240 MINIMUM & RETAINED PREMIUM	PREMIUM SUB-TOTAL	\$ _____
Premiums are subject to Tax in some Provinces. Please add to premiums as applicable. SK - 6% MB - 7% ON - 8% NL - 15% Policies in BC, AB, NB, NS, NT, YT, PEI are NOT subject to tax.	Provincial Sales Tax as applicable	\$ _____
	TOTAL POLICY PREMIUM	\$ _____

DECLARATION OF OWNER

I/We understand and agree that the policy to be issued shall be founded upon the statements contained herein; that animals having heaves or vicious habits, that animals which are colickers or emphysematous or bleeders or blind or nerved or orphaned foals under 90 days of age are not insurable, that no operation shall be performed on the insured animal without the consent of the company unless the operation is necessary as a result of an insured peril. I/We understand and agree that immediate notice and full details of any lameness, illness, injury or death of the insured animal will be given to the insuring company. I/We agree that this application is the basis of the contract and if anything is falsely stated or information withheld to influence the company's decision, the insurance contract shall be null and void. It is understood that the signing and filing of the application does not bind the company and no insurance shall be effective until this application is accepted by the company based on the information declared.

SIGNATURE OF APPLICANT _____ DATE SIGNED _____ POLICY EFFECTIVE DATE (MM/DD/YYYY) _____

Please call our office to provide credit card details

COVERAGE WILL NOT BE EFFECTIVE UNTIL PAYMENT METHOD HAS BEEN CONFIRMED

**** HEALTH CERTIFICATES MUST BE RECEIVED BY US WITHIN 30 DAYS OF EXAMINATION OR WILL BE CONSIDERED VOID****

Western Provinces and Territories:

Acera Insurance Services Ltd.
100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2
TF 1 800 670 1877 F 1 888 822 6115
E agri@capricmw.ca W capricmw.ca/equine

Ontario and Provinces Eastward:

Acera Insurance Services Ltd.
15221 Yonge Street, Aurora, ON L4G 1L8
TF 1 888 394 3330 F 1 888 822 6115
E forms@equicare.ca W capricmw.ca/equine