



EQUINE MORTALITY APPLICATION & DECLARATION OF HEALTH

Underwritten by Northbridge General Insurance Corporation
(One Per Horse)

Name of Applicant _____

Address _____ City _____ Province _____ PC _____

Phone # _____ Cell # _____ E-Mail _____

What Provincial Equine Association are you a member of? _____

Are you a current member of your provincial equine association Yes No If yes Have you purchased Members Named Perils (MNP) Horse Mortality Insurance through your membership this year? Yes No

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

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

NAME OF HORSE (Registered/Show and Barn name): _____

GENDER: Mare Gelding Colt Filly Stallion **YEAR FOALED:** _____ **COLOUR:** _____

BREED: _____ **REGISTRATION/TATTOO #:** _____

USE OF HORSE / DISCIPLINE: _____ **TRAINING /SHOW LEVEL:** _____

DATE OF PURCHASE/LEASE: _____ **PURCHASE PRICE:** _____

Who was the 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.)

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 If Yes, Insurer: _____ Policy # _____ Expiry _____

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

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

1) Has the horse ever suffered from any type of colic or digestive tract / gastrointestinal disorder (including ulcers)? YES NO
If YES, please provide details, date of occurrence, treatment and state of recovery: _____

2) Has the horse had a neurectomy (nerved) or fasciotomy? YES NO
If YES, date of procedure _____

3) Has the horse had any other surgical procedures? YES NO
If YES, please provide description and date of procedure _____

4) Has the horse suffered from any lameness or sickness in the last 12 months? YES NO
If YES, please provide diagnosis, treatments as provided and current status of recovery? _____

5) Is the horse examined annually by a licensed veterinarian for general health and soundness that includes parasite evaluation, dental examination and the administration of recommended vaccinations? YES NO

Date of last full examination: _____ Name of the veterinarian who attended: _____



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- 6) Has the horse received any performance or maintenance procedures or treatments, including intramuscular and / or joint injections, any type of medication long or short term, or any preventative treatments in the last twelve months? YES NO
If YES, please provide details _____
- 7) Is the horse normal in heart, respiration, vision and movement without medication? YES NO
If NO, please provide details _____
- 8) To your knowledge has the horse been exposed to any contagious or infectious disease in the last 12 Months? YES NO
If YES, please provide details _____

COVERAGE

REQUESTED LIMIT

Pick one only: **FULL MORTALITY** OR **NAMED PERILS MORTALITY**
(includes Death Claim reimbursement, Extra Stabling expense)

\$ _____

Guaranteed Renewal & Agreed Value Yes No (minimum premium \$50.00)

\$ _____

MAJOR MEDICAL / SURGICAL Yes No

PICK ONE LIMIT

- Claims for Medical / surgical are subject to deductible and / or Co-insurance
- 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
- Loss settlement for Major Medical/Surgical will not exceed Mortality limit.

- \$2,500 to \$5,000.
- \$5,001 to 10,000.
- \$10,001 to 15,000.

***COLIC SPECIFIC ENHANCEMENT** Yes No

\$7,500

- Claims for Medical / surgical are subject to deductible and / or Co-insurance
- Eligibility for Colic Specific Enhancement limited to horses insured for **Full Mortality** where the fair market value/limit of coverage is a minimum of \$2,500 and **Major Medical / Surgical** is a minimum of \$2,500

Stallion Infertility Yes No

World Wide and Air Transit including Berserk Yes No

POLICY SUBJECT TO \$240 MINIMUM & RETAINED 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)

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@acera.ca W www.acera.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 www.acera.ca/equine