

ACORD™ EQUINE INSURANCE APPLICATION

DATE

PRODUCER	PHONE (A/C. No. Ext): (866) 386-4136 x2419	COMPANY	NAIC CODE:
Continental Brokers, Inc. 214 Key Drive Suite 2000 Madison MS 39110		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE:
CODE:	SUB CODE:	PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE
		DIRECT BILL AGENCY BILL	PAYMENT PLAN
AGENCY CUSTOMER ID 00006869		POLICY TYPE	DEPOSIT \$

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)					MAILING ADDRESS (of First Named Insured)				
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	JOINT VENTURE	YRS IN THIS BUS	SIC	FEDERAL ID #	CONTACT	PHONE (A/C. No. Ext):	
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	OTHER						
<input type="checkbox"/>	CORPORATION								

ANIMAL INFORMATION

#	NAME OF HORSE	REGISTRATION #	SEX	BREED
LOCATION OF HORSE		SIRE		DAM
BIRTH DATE	USE & FUNCTION	DATE ACQUIRED	HOW ACQUIRED	PURCHASE PRICE
			<input type="checkbox"/> AUCTION <input type="checkbox"/> HOME BRED <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER	\$ CASH <input type="checkbox"/> CHK <input type="checkbox"/> OTHER
ACQUIRED FROM				

COVERAGE/LIMITS

HORSE #	LIMITS	FULL MORTALITY	THEFT	MAJOR MEDICAL	SURGERY	LOSS OF USE	NAMED PERILS	OPTIONAL PERILS
	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER:							

ADDITIONAL INTERESTS

		EVIDENCE				EVIDENCE	
	<input type="checkbox"/>	CERTIFICATE				<input type="checkbox"/>	CERTIFICATE
	<input type="checkbox"/>	POLICY				<input type="checkbox"/>	POLICY
	<input type="checkbox"/>					<input type="checkbox"/>	
INTEREST:				INTEREST:			

ACCOMMODATIONS

HORSE #	STALL	CORRAL	OPEN PASTURE	OTHER	# ACRES	HORSE #	STALL	CORRAL	OPEN PASTURE	OTHER	# ACRES
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES THE AMOUNT OF INSURANCE APPLIED FOR EXCEED THE PURCHASE PRICE OF THE ANIMALS?			10. IS ANY MARE IN FOAL? (IF YES, GIVE NAME OF COVERING STALLION AND STUD FEE PAID)		
2. IS ANY ANIMAL LEASED TO OTHERS?			11. HAS ANY ANIMAL BEEN USED AS A HUNTER, JUMPER OR EVENTER OR FOR RACING?		
3. ANY POLICY OR COVERAGE DECLINED, CANCELED OR NON-RENEWED DURING THE LAST THREE YEARS? (NOT APPLICABLE IN MO)			12. HAVE YOU LOST ANY ANIMALS TO DEATH IN THE LAST THREE YEARS?		
4. HAS ANY ANIMAL SUFFERED ANY ACCIDENT, DISEASE OR SICKNESS, HAD COLIC/BLOAT OR INDIGESTION, OR EXPERIENCED BIRTHING DIFFICULTIES?			13. IS ANY ANIMAL ON REGULAR MEDICATION?		
5. ARE THE ANIMALS WORMED ON A REGULAR SCHEDULE? (EXPLAIN "NO" RESPONSE)			14. DO YOU UNDERSTAND THAT IT IS REQUIRED UNDER THE POLICY TO GIVE IMMEDIATE NOTICE BY TELEPHONE OF ANY ILLNESS, INJURY, DISEASE OR DEATH, OR YOUR CLAIM MAY BE DENIED, AND DO YOU AGREE TO DO SO? (EXPLAIN "NO" RESPONSE)		
6. HAVE ALL ANIMALS RECEIVED ALL APPROPRIATE INOCULATIONS WITHIN THE LAST YEAR? (DESCRIBE INOCULATIONS, INCLUDING DATES, UNDER REMARKS)			15. ARE YOU THE SOLE OWNER OF ALL ANIMALS LISTED? (IF NO, LIST OTHER OWNERS AND ADDRESSES UNDER REMARKS)		
7. HAS ANY ANIMAL BEEN INSURED BEFORE? (IF YES, PROVIDE COMPANY NAME, POLICY NUMBER AND EXPIRATION DATE)			16. ARE ALL ANIMALS OBSERVED AND CARED FOR DAILY? (EXPLAIN "NO" RESPONSE)		
8. DO YOU USE A REGULAR VETERINARIAN? (PROVIDE NAME AND ADDRESS)					
9. IS THERE ANY OTHER INSURANCE ON ANY ANIMAL INCLUDED IN THIS APPLICATION?					

REMARKS

ATTACHMENTS

	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"></td><td style="width:95%;">RACING RECORD</td></tr> <tr><td></td><td>SHOW HORSE RECORD</td></tr> <tr><td></td><td>VET CERTIFICATE</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		RACING RECORD		SHOW HORSE RECORD		VET CERTIFICATE						
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	SHOW HORSE RECORD												
	VET CERTIFICATE												

Notice of Insurance Information Practices

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR; In ME and VA, insurance benefits may also be denied)

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE	DATE 1/24/2008	PRODUCER'S SIGNATURE
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