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Visit our Website:
www.connaway.net
 Email:
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NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED, SIGNED AND DATED BY THE APPLICANT (THIS IS NOT A BINDER)

Name of Applicant (Applicant May Not Be A Minor): _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Cell Phone: _____ Phone: _____
 Email: _____ Desired Effective Date: _____

Please check the boxes for the desired coverages:

Full Mortality: _____ Full Mortality is the base policy. It reimburses up to the insured value for death, theft and authorized humane destruction.

Medical Endorsements may be added to the Full Mortality Policy:

| | | | |
|--|---------|----------|----------|
| Major Medical / Includes Surgery (Select Limit): | \$7,500 | \$10,000 | \$15,000 |
|--|---------|----------|----------|

Colic Treatment/Colic Surgery Only:
 (Included in Major Medical)

Surgical Only:
 (Included in Major Medical)

Air Transit/Territorial Coverage
 (Air Transit outside the US and Canada)

If you are interested in Full Loss of Use or Accidental/External Loss of Use coverage, contact your agent for information and restrictions.

| Name of Horse | USEF # | Breed | Sex | Use/Level | Year of Birth | Purchase Date | Purchase Price * | Insured Amount ** |
|---------------|--------|-------|-----|-----------|---------------|---------------|------------------|-------------------|
| A. | | | | | | | | |
| B. | | | | | | | | |
| C. | | | | | | | | |

Sex: G = Gelding; M = Mare; S = Stallion; C = Colt; F = Filly. * Documentation confirming the purchase price must be presented in the event of a Full Mortality claim. ** Subject to company approval

- Are you the sole owner of the horses? Yes No If not, list owner(s), mailing address(es) and EMAIL address(es): _____
- Are any horses on trial for purchase? Yes No If yes, please provide the name, address and EMAIL address of the current owner: _____
- Does any party, bank or lienholder need to be named on the policy? Yes No If yes, please provide name and address: _____
- Are any horses leased? Yes No If yes, please provide the lease amount, lease term and lease parties (include addresses):
 EMAIL addresses are needed for both parties of the lease. _____
- How were the horses purchased? Cash Trade Both If trade or both, please explain: _____
- Will any horses be outside the continental United States or Canada during the coverage period? Yes No
 If yes, please provide dates and locations for coverage consideration: _____
- Has the horse been treated for, or have evidence of, sarcoids, tumors, or melanomas? Yes No
- Has any insurer ever declined, restricted or refused to renew your horse insurance? Yes No If yes, please provide details: _____
- Name and phone number of horses' the usual veterinarian: _____
- Do you understand that immediate notice must be given to the Insurance Company upon any injury, illness, disease or death of an insured horse? Yes No

Please Note: A Statement of Health form or Veterinary Certificate must accompany this application.

I, the undersigned, hereby apply to insure the above mentioned horses owned by me (or as noted above) subject to the terms and conditions of the policy to be issued and I declare to the best of my knowledge and belief that the above statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance; however, it is agreed that this form shall be the basis of the contract should a policy be issued. If anything is falsely stated or information is withheld, the insurance contract will be null and void.

Signature of Applicant*: _____ Date: _____
 (*Applicant May Not Be A Minor. Note: ** This is not a binder)

SIGNATURE MUST BE "INK/HANDWRITTEN" OR "DOCUSIGN"