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Visit our website:
www.connaway-associates.com

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED, SIGNED & DATED BY THE INSURED.

Name of Applicant _____
Address _____
Home Telephone (____) _____
Business Telephone (____) _____

Desired Effective Date: _____
Please indicate the desired coverage:
Full Mortality _____
Major Medical/Surgical _____
Surgical Only _____
Full Loss of Use _____
Accidental Loss of Use _____

Name of Horse	Breed	Sex	Use/Level	Date of Birth	Purchase Date	Purchase Price *	Insured Amount
A.							
B.							
C.							

* Documentation confirming purchase price must be presented in the event of a Full Mortality claim.

1. Are you the sole owner of the horses? Yes No If not list owners. _____

2. Are any horses on trial for purchase? Yes No If "yes", please provide name & address of current owner _____

3. List any other party, bank or lienholder to be named on the policy. _____

4. Are any horses leased? Yes No If "yes", please state amount, when and to whom due. _____

5. Are horses healthy and sound for the use intended? Yes No

6. Has any horse had colic or intestinal disorder past or present? Yes No Please explain. _____

7. How were the horses purchased - Cash , Trade or Both ? Please explain. _____

8. Name of previous Insurance Company, if any. _____

9. Has any insurer ever declined, imposed restriction or refused to renew your horse insurance? Yes No Please give details. _____

10. Have you filed insurance claims in the past 3 years for any of the proposed horses? Yes No If yes, please state name of company, name of horse and amount paid. _____

11. Name and phone number of the usual veterinarian for the horses. _____

12. Do you understand that immediate notice must be given to the Company upon any injury, illness, disease or death of an insured horse?
Yes No

13. Will any of the horses be outside the continental United States or Canada during the coverage period? Yes No Provide details including dates and locations for coverage consideration. _____

I, the undersigned, hereby apply to insure the above mentioned animals owned by me (or as noted above), subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief 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 but it is agreed that this form shall be the basis of the contract should a policy be issued and if anything be falsely stated or information withheld to influence the company's decision the insurance contract will be null and void.

Signature of Applicant: _____

Date: _____

(Must be co-signed by an Adult if the owner is a minor)