



Ranch & Equine Insurance Nationwide

Farm & Ranch • Animal Mortality • Equine Liability

Renewal Application

Name and Address of Owner:

Home Telephone: () _____

Business Telephone: () _____

Fax Telephone: () _____

Last Year's Policy Number: _____

Desired Effective Date: _____

Name of Horse	Breed	Sex	Exact Use: Hunter or Jumper, Halter, Reining, Breeding, W.P., Eng., H.U.S., Barrel Racing, Track Racing, etc.	Date of Birth	Insured Amount**
A.					
B.					

** If requested value exceeds the purchase price, please provide explanation of value (i.e. composition record, appraisal, training, etc.)

Loss Payee or Additional Insured Name, if applicable: _____

(Please indicate on which horses Loss Payee or Additional Insured Name applies.)

- For all Quarter Horse, Appaloosas or Paint horses. Does any horse have an ancestor known to carry HYPP? Yes No
If "Yes" is answered for any horse, please indicate the HYPP status (N/N, N/H, H/H) for each horse. (Note: Coverage will not be considered without the disclosure of HYPP status.)
- Has the horse(s) received regular annual vaccinations including West Nile Virus and remained on its regular worming program? Yes No
- Is the horse(s) currently sound and healthy for the use intended? Yes No
- Does the horse(s) have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease and/or degenerative joint disease? Yes No
- Has the horse(s) had any colic or intestinal disorder within the last 36 months? Yes No
- Has the horse(s) been nerved or received any surgical treatment for lameness? Yes No
- Has the horse(s) been examined or treated by a veterinarian for other than routine care within the last year? Yes No
- Has the horse(s) under gone diagnostic ultrasound or x-rays within the last 36 months? Yes No
- Has the horse(s) received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No
- Has feeding and supplement program changed in the last year? Yes No

If the answer to question 2 or 3 is "no" and/or questions 4 thru 10 is answered "yes", indicate horse A or B, provide dates & details (why treated, what treatment received, and whether fully recovered or experiencing same problem).

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld to influence the Company's decision, the insurance shall be null and void. I also understand that if all questions are not answered and/or details given, this application will not be acceptable and will be returned to client.

Signature of owner(s) of above named animal

Date (must be **no more** than 30 days prior to policy effective date)

MARK ADDITIONAL COVERAGES DESIRED

Horse	A	B	A	B
	<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"/>

Third Party Liability
Major Medical/Surgical
Surgical Only
Guaranteed Extension
Stallion A, S & D

9730 E. Waterloo Road
Arcadia, OK 73007

1-800-776-8801
e-mail: reinins@okwifi.com • web: reinhorseinsurance.com

1-405-396-8545 Local
1-405-396-8529 Fax