



Lawrence Equine Agency
610 Main Street, P.O. Box 48, Red Wing, MN 55066

**APPLICATION FOR LIVESTOCK INSURANCE
THIS IS NOT A BINDER**

IMPORTANT: No application will be considered if not fully completed and signed by the Assured and Veterinarian within 20 days of inception. Veterinarian must Complete and Sign Reverse Side for Mortality Coverage.

FAX NUMBER 1-651-388-15990
NATIONWIDE 1-800-328-0278
LOCAL NUMBER 651-388-8431

NAME OF APPLICANT _____		POLICY PERIOD From _____ To _____ Noon STD Time	
ADDRESS _____		<input type="checkbox"/> Mortality \$ _____ <input type="checkbox"/> Specified Peril \$ _____ <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Major Medical/Surgical	
PHONE NUMBER _____			

INSTRUCTIONS:

1. A Photograph is required for unregistered animals.
2. Use these codes for sex of animal: M — Mare; S — Stallion; F — Filly; C — Colt; G — Gelding.
3. Requests for amount of insurance if different from purchase price, are subject to Company acceptance.

Name and Registration/Tattoo Number Foals: Need Sire and Dam	Breed	Sex	Date of Birth	Exact Use	Date Acquired	Acquired from Name/Address	Purchase Price	Amount Insured**	Rate Co. Only
A)									
B)									
C)									

1. Are you the sole owner? _____. If no, list other owners and addresses.

2. Was purchase price paid by cash, trade or both? Give particulars.

3. Are any animals financed or leased? _____. If yes, give particulars.

4. Name/Address of Loss Payee: _____
5. Where animals kept (barn, track, pasture, other)? _____
Location _____
6. Name/Address/Telephone of usual trainer and farm manager: _____
7. Are animals healthy and capable of performing intended use? _____. If no, describe. _____
8. Has animal ever been treated for accident, illness or lameness? _____. If yes, give date and description of treatment: _____
9. How frequently was animal wormed during past year? _____. Method used: _____
10. Vaccination Programs: _____ Previously insured? _____. If yes to either, what company and amount insured.

11. Has any company canceled or refused to renew your coverage? _____. If yes, give company, date and reason given for company action.

12. Has any horse owned by you died in the past three years? _____. If yes, state cause(s) and date(s).

13. Are you insuring other horses with another company? _____. If yes, how many? _____ How are they used? _____
14. Name/Address/Telephone of your regular vet. _____
15. How long has vet treated the horse(s)? _____
16. I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or policy issued.
 APPLICANT'S SIGNATURE _____ DATE ____/____/____