

ERLAND INSURANCE AGENCY

Illinois Office:
 1000 Hart Road Suite 215
 Barrington, Illinois 60010
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New York Office:
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 Otisville, New York 10963
 Toll Free: 877.695.1233
 Local: 845.386.1233 Fax: 845.386.3303

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY INSURED

1. Name of Applicant _____ Desired Effective Date: _____
 Coverage Desired (please check):
 2. Address _____ A. Full Mortality _____ B. Limited Perils _____
 _____ Major Medical _____ Optional Perils _____
 3. Telephone Number _____ Loss of Use _____ ASD _____
 4. Is this New Business ___ Renewal ___ Additional Coverage ___ Current Policy Number _____
 5. Are any of the animals herein financed? _____ If so, state amount, when and to whom due. (Give address) _____

 6. Is there any other insurance of any of the animals listed herein? _____
 7. Name, Address, Phone of Barn & Trainer _____

1. Name of Animal	Sire	Use	Sex	Date of Birth	Amount Desired
Breed/Registration No.	Dam		Date Purchased	Purchase Price	
2. Name of Animal	Sire	Use	Sex	Date of Birth	Amount Desired
Breed/Registration No.	Dam		Date Purchased	Purchase Price	

8. If mare in foal, name covering stallion and stud fee paid. _____ If raised foal, give stud fee paid. _____
 9. Has any animal above named been afflicted with any disease or sickness or received any hurt or injury in the past 12 month period? _____ If so, give particulars. _____

 10. Please explain worming and vaccination program. _____
 11. Are eyes, legs and feet of every animal named above in normal condition? _____
 12. Has any animal named above ever had colic or indigestion? _____ If so, how often? _____ When was the last attack? _____
 Give cause of attack if known. _____
 13. How many animals did you lose by death in the past 3 years? _____ Cause of death? _____ Date of death? _____
 Insured amount paid? _____ How many other animals of this type do you own? _____
 14. Was purchase price cash, trade, or both? If any part trade, state what it consisted of, and state what amount cash was paid? _____
 15. Do you understand that it is required under the policy to give **IMMEDIATE** notice by telephone of any **ILLNESS, INJURY OR DEATH** or your claim may be denied and do you agree to do so? _____
 16. Has any company ever rejected an application for insurance or canceled a policy on any of the herein described animals? _____ Explain. _____

STATEMENT OF CONDITION: I declare to the best of my knowledge and belief the animal(s) listed above to be in normal healthy sound condition. **I further declare that during the past three years the above listed animal(s) has/have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT.** 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. I, the undersigned, hereby apply to insure the above mentioned animal(s) owned or leased by me, 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.

DATE _____ Signature of Applicant _____