

Shadle Insurance



(888) 821-7629

209 Oak Hill Road Suite 111
 Paso Robles, CA 93446
 fax (888) 821-0266
 www.shadleinsurance.biz

Name: _____
 Address: _____
 Phone: _____
 e-mail: _____

desired effective date: _____
 New business () Addition to current policy ()
 # _____

Name	breed	Year of birth	Sex	Use	Purchase Date	Purchase Price	Amount of Insurance
1							
2							
3							
4							
5							

- Is there any other insurance on any of the animals listed herein or have you ever been denied coverage or had coverage cancelled for any animal listed herein? Yes () No ()
- Has any animal listed been afflicted with any disease, sickness or received any injury in the past 36 months? Yes () No ()
- Is any animal listed used as a hunter, jumper, eventer, or for racing? Yes () No ()
- Has any animal listed ever had colic or gastro-intestinal disorders? Yes () No ()
- Have you had a death to a horse in your care in the last 3 years? Yes () No ()
- Are eyes, legs, and feet of each animal listed in normal condition? Yes () No ()

If you answered **yes** to any of the questions or **no** to # 6 please provide a detailed explanation below: _____

- Does pedigree have HYPP or HERDA linkage? ____ If tested, give results: HYPP _____ HERDA _____
- Do you understand that **IMMEDIATE** notice by telephone of any **illness, injury, sickness, disease or death** must be given or your claim may be denied and that an **autopsy is required** in every case of death at your expense, and do you agree to do so? _____ (write in response)
- Was the purchase price paid by cash, trade or both? _____

Desired coverage: (x) Full mortality & theft rate based on breed & use () \$15,000 Major Medical \$475 a year () \$10,000 Major Medical \$375 a year () Surgical \$150 a year () Colic \$150 a year () Stud Infertility \$25,000 min. Value () Loss of use \$25,000 min. Value () Limited Loss of use \$25,000 min. Value () Overseas air

Please Select a Payment Plan: () Full pay () Semi-annual () Quarterly () Monthly 20% down required
\$3.00 charge each time you are invoiced for payment plans other than full pay

Statement of Condition:

I declare to the best of my knowledge and belief the animal or animals listed on the above schedule to be in normal healthy condition. I further declare that during the past thirty six months the above listed animals have been free from any **illness, injury, disease or accident**. I understand and agree that this certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision the insurance contract will be null and void. **GENETIC OR PRE-EXISTING CONDITIONS MAY BE EXCLUDED FROM COVERAGE**

Ownership:

The animal or animals listed above are not financed, leased or owned by anyone other than the insured. With the exception of (detailed description of financing, lease or ownership): _____

 Signature of Insured

 Date Signed

Application will not be considered if not fully completed and signed by the insured.

Coverage provided through:

