



## CHEVAL INSURANCE SERVICES

EQUESTRIAN, SPORTS, AND RECREATIONAL INSURANCE, CA LIC. # OC94257  
PO Box 2933, FULLERTON, CA 92837-2933 EMAIL INFO@CHEVALINSURANCE.COM  
(714) 447-9191 FAX (714) 525-9191 (800) 97 HORSE

# EQUINE MORTALITY APPLICATION

## MEDICAL, SURGICAL AND LOSS OF USE

### HORSE MORTALITY RATES & DEFINITIONS

Dressage, Endurance & Flat Performance	2.50 – 4.00%
Hunters / Eventers to Training Level	3.50 – 3.80%
Jumpers, Preliminary and above Eventers	3.70 - 4.10%
Arabians, NSH and Saddlebreds	2.50 - 3.80%
Cutting, Reining, Roping	3.20 - 3.60%
Foals from 24 hours old through Yearlings	2.70 - 8.00%
Full Loss of Use including Economic Destruction – 50% return	3.75%
Loss of Use due to External Trauma Injury Only – 50% return	2.00%
Surgical \$5,000 limit, zero deductible	\$150.00
Major Medical A (including Surgical) up to \$7,500 limit, \$300 deductible per claim	\$275.00
Major Medical B (including Surgical) \$10,000 limit, \$300 deductible per claim	\$400.00
Colic Medical & Surgical Coverage Option \$3,000 Limit, \$300 deductible per claim	\$100.00

***Medical, Surgical, International Transit & Liability coverages are fully earned and there is no refund for cancellations.***

**FULL MORTALITY** Full Mortality Insurance policies are available for foals, yearlings, stallions, mares and geldings of all breeds and types. Coverage is designed to insure your horse against death from almost any cause including humane destruction made necessary by an illness or accidental injury and theft. Nerved horses are not insurable. The base policy includes up to \$3,000 in Emergency Colic Surgery coverage at no extra charge which would be in addition to any medical option. **Horses over age 14 or under age 2 are subject to higher rates.**

**LOSS OF USE** Full Loss of Use coverage can be added to the Full Mortality policy for selected disciplines by endorsement for most horses actively showing through age 12. The policy will pay a percentage of the actual cash value in the event that the horse becomes permanently unfit for use in the show ring due to an accident, injury or illness. **Special preinsurance veterinary exam requirements must be met for this coverage. Please call for specific information.** Loss of Use External Trauma has no special vetting requirements and is available for horses actively showing through age 17.

**SURGICAL** The Surgical endorsement covers up to five thousand dollars (\$5,000) per year of veterinarian fees incurred as a direct result of surgical treatment and anesthesia in a hospital or clinic plus up to 50% of that cost in incidental costs such as charges for hospitalization, x-rays, medication and laboratory tests. There is no deductible for this coverage. **This option is available for horses age 6 months through 17 years only.**

**COLIC MEDICAL & SURGICAL COVERAGE** This coverage provides \$3,000 of Colic Medical & Surgical in addition to the Colic coverage provided with the Mortality policy. **This coverage is available to horses ages 6 months to 15 years and is fully earned. It is not available in addition to any other Medical/ Surgical Coverages.**

**MAJOR MEDICAL (INCLUDING SURGICAL)** The Major Medical A endorsement matches the value of the horse up to \$7,500 per year with a \$300 deductible per claim. The Major Medical B endorsement provides a flat \$10,000 of coverage regardless of the value of the horse with a \$300 deductible per claim. It pays for reasonable and customary veterinary medical and/or surgical care charges necessitated by accident, illness or injury. Deductible will apply to each separate claim during the period of insurance. **This option is available for horses age 6 months through 15 years only.**

**ADDITIONAL COVERAGES AVAILABLE** Other coverages that are offered through CHEVAL INSURANCE SERVICES include Stallion Infertility, International Transit, Third Party Liability, Stable Liability, Farm Packages, and Care, Custody & Control.

**VALUATION** The value of a horse is usually the paid purchase price. Other factors can also be taken into consideration when determining the insurable value such as show record, training gains and breeding records. If you wish to insure your horse for more than the paid purchase price, please call to determine what value justification information will be necessary to include with your application. **Such justification is required at policy inception.**

**BINDING COVERAGE** CHEVAL INSURANCE SERVICES with bind Full Mortality coverage by Fax if you fax in your application and vet check form or Statement of Health along with proof of payment. Horses valued under \$50,000 who have been healthy for the past 12 months **may** be insured without a veterinary certificate for all coverages except Full Loss of Use. Coverage is then bound pending receipt and acceptance of the completed original paperwork and any other supporting information.

Rates and Prices subject to change without notice. Call for Firm Quotation.  
Minimum Mortality Premium before Optional Coverages is \$150.00.

**Both pages of application required**



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## Equine Mortality Application

Name and Address of Owner:

Home Telephone: ( ) \_\_\_\_\_  
Business Telephone: ( ) \_\_\_\_\_  
Fax Telephone: ( ) \_\_\_\_\_  
Add to existing Policy Number: \_\_\_\_\_  
◆ Desired Effective Date: \_\_\_\_\_

◆ Approval of date by Company is subject to receipt of satisfactory underwriting information, application and health certificate.

Name of Horse	Breed	Sex*	Exact Use++	Level	Date of Birth	Purchase Date	Purchase Price	Insured Amount** ↑
A.								
B.								
C.								
D.								

\* G-Gelding, M-Mare, S-Stallion    \*\* If requested value exceeds purchase price, explanation of value required to bind at higher value (i.e. competition record, training, etc.)

↑ Insured amount cannot exceed the horse's current fair market value.

++ Discipline must be specific as to level. If multiple disciplines, list all (e.g., Western Pleasure, English Pleasure, Hunters Under Saddle, etc.). Must specify Hunter versus Jumper if applicable. Eventers must specify level. QH and Paints - If horse shows halter at all or breeds Halter horses, must specify or halter exclusion will apply.

- Are you the sole owner of the horses? If not, list owners.
- List any other party, bank, or lienholder to be named in the policy.
- Address where horses will be stabled?
- Are the horses healthy and sound for the use intended?
- For all Quarter Horses, Appaloosas, or Paint horses. Does any horse have an ancestor known to carry HYPP? Please indicate "Yes" or "No" for each horse.  
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.)
- Give full particulars of any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: OCD, neurological disorders, navicular disease, and/or degenerative joint disease.
- Has any horse been nerved or received any surgical treatment for lameness? If yes, explain.
- Give details of any colic or intestinal disorder past or present.
- Has any horse been examined or treated by a veterinarian for other than routine care? If yes, explain.
- Has any horse undergone diagnostic ultrasounds, X-rays, or bone scans? If yes, what were the results?
- Has any horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? If yes, explain.
- Does any horse receive any other medications/supplements? If yes, explain.
- Has any horse been treated for hoof problems, founder/laminitis, or rotation of the coffin bone?
- Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months?
- Name of previous Insurance Company, if any.
- Has any insurer ever declined, imposed restrictions, or refused to renew your horse insurance? If yes, give details.
- Have you filed insurance claims in the past three years for any of the proposed horses? If yes, please state name of company, name of horse, and amount paid.
- Are there any other facts within your knowledge not already disclosed affecting or likely to affect the company's acceptance of the proposed risk?
- Do you understand that immediate notice must be given to the Company upon any injury, illness, operation, disease, or death of an insured horse?  
**Yes  (check)**
- State name, full address, and phone number of your usual veterinarian for the horses proposed.
- State name and full address of your usual equine hospital or referral center.

**Both pages of application required**

**PERFORMANCE RECORD FOR LAST 12 MONTHS** (Attach separate sheet if necessary.)

Name of Horse	Show / Competition	Date	Class / Division	# of Horses	Placing	Winnings

**FOALS**

Name of Foal	Sex	Sire	Dam	Foaling Date	Any Complications?

**PREGNANT MARES**

Name of Mare	Due Date	Stud Fee Paid	Year of last foaling	Mare's Foaling Record (Attach separate sheet if necessary.)

**STALLION QUESTIONS**

In respect of each of the stallions, state: Name(s):

A. Dates of beginning and ending of service season			
B. Service fee this season / last season		/	/
C. Is stud fee on "no foal – no fee" basis?			
D. Is service live cover or A.I.?			
E. Number of mares bred last full season			
F. Number of mares settled			
G. Number of foals born			
H. Amount actually earned in last full season			
I. Amount actually earned in current season to date			
J. Bookings for remainder of current season			
K. Bookings for next season			

**Please add the following coverages to my mortality policy. (Please indicate horse by A, B, C, or D.)**

- \_\_\_\_\_ Major Medical/Surgical (annual limit \$7,500, not to exceed the horse's insured mortality limit)
- \_\_\_\_\_ Major Medical/Surgical (annual limit \$10,000)
- \_\_\_\_\_ Surgical Only (annual limit \$5,000, cannot be combined with any other Medical coverage)
- \_\_\_\_\_ Colic Medical & Surgical Option (annual limit \$3,000, cannot be combined with any other Medical coverage)
- \_\_\_\_\_ Full Loss of Use Including Economic Destruction (Plan A)
- \_\_\_\_\_ External Injury Only Loss of Use (Plan B)
- \_\_\_\_\_ Stallion Infertility for A, S & D
- \_\_\_\_\_ International Trip Transit – TO / FROM \_\_\_\_\_ . **Notify agent of ship date in advance.**
- \_\_\_\_\_ Third Party Liability \$25,000

Additional information or comments: \_\_\_\_\_

**DECLARATION**

I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the Policy to be issued, and I declare to the best of my knowledge and belief that 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 owner(s) of above named animals Date: \_\_\_\_\_  
 (must be no more than 30 days prior to policy effective date)

**Owners please note, a major cause of death in horses results from colic and intestinal disorders. Please discuss with your veterinarian your feed program, any supplements you use, and your worming program. Many veterinarians recommend the use of a daily dewormer.**

I/We hereby agree that if this authorization is sent to you by facsimile or by any other means, you may act upon it whether or not you receive an original hard copy. I/We, \_\_\_\_\_ (name as it appears on card), hereby authorize Cheval Insurance Services to charge the amount of \$ \_\_\_\_\_ to my  Visa  Mastercard  Discover Card  American Express and agree to pay this in accordance with our charge card agreement.

Credit Card Number

Expiration Date \_\_\_\_\_ Verification Number (found on back of card in signature block- last 3 digits) \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature Date



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## Statement of Health

Name of Insured: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Breed: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Horse's Exact Use: \_\_\_\_\_ Level: \_\_\_\_\_ Insured Value\* : \_\_\_\_\_  
\* Insured amount should not exceed the horse's current fair market value.

Name of any previous insurance company: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

Loss Payee or Additional Insured Name: \_\_\_\_\_

1. Is the horse currently sound and healthy for the use intended? Yes  No
2. For all Quarter Horses, Appaloosas, or Paint horses.  
Does the horse have an ancestor known to carry HYPP? Yes  No   
If "Yes" is answered, please indicate the HYPP status . (Circle one.) N/N N/H H/H  
(Note: Coverage will not be considered without the disclosure of HYPP status.)
3. Does the horse have any past or present conformation problems, defects or ailments, 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
4. Has the horse had any colic or intestinal disorder within the last 36 months? Yes  No
5. Has the horse been nerved or received any surgical treatment for lameness? Yes  No
6. Has the horse been examined or treated by a veterinarian for other than routine care within the last year? Yes  No
7. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes  No
8. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes  No
9. Does the horse receive any other medications/supplements? Yes  No
10. Are there any other current or prior health conditions to which the horse has been exposed? Yes  No
11. Please put in dates of last vaccines for each shot shown here. If not given, mark NA.

West Nile Virus \_\_\_\_\_ Rotavirus A \_\_\_\_\_ Flu/Rhino \_\_\_\_\_ Tetanus \_\_\_\_\_ Strangles \_\_\_\_\_ Potomac Horse Fever \_\_\_\_\_  
EEE \_\_\_\_\_ WEE \_\_\_\_\_ Venezuelan EE \_\_\_\_\_ Rabies \_\_\_\_\_ Botulism \_\_\_\_\_ EVA \_\_\_\_\_ Other: \_\_\_\_\_

**If "yes" was answered to any question(s) 3 through 10, please provide details below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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.*

\_\_\_\_\_  
Signature of owner (s) of above named animal

Date: \_\_\_\_\_  
(must be no more than 30 days prior to policy effective date)

<b>Additional Coverages Available</b>	
<input type="checkbox"/> Major Medical/Surgical (annual limit \$7,500, not to exceed the horse's insured mortality limit)	<input type="checkbox"/> External Injury Only Loss of Use (Plan B)
<input type="checkbox"/> Major Medical/Surgical (annual limit \$10,000)	<input type="checkbox"/> Stallion Infertility for A, S & D
<input type="checkbox"/> Surgical Only	<input type="checkbox"/> Third Party Liability
<i>Standard mortality policy includes Colic Surgery, Guaranteed Extension, and Value coverages.</i>	

**VETERINARY CERTIFICATE OF EXAMINATION FOR HORSE MORTALITY INSURANCE**  
 Cheval Insurance Services, PO Box 2933, Fullerton, CA 92837 (714) 447-9191 fax (714) 525-9191

Horses being examined for insurance should be moved about the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining Veterinarian to the best of his/her ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurance company without delay.

I, \_\_\_\_\_ do hereby certify that I am a graduate Veterinarian holding a current license as such to practice in the State of \_\_\_\_\_ and that I have this day examined:

Horses Name \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Markings Or Tattoo \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

Trainer \_\_\_\_\_ Location Of Horse \_\_\_\_\_

	YES	NO		YES	NO
Pulse & respiration normal?	_____	_____	Any indication of infection or disease?	_____	_____
Temperature normal?	_____	_____	Evidence of firing or blistering?	_____	_____
Eyes clinically normal?	_____	_____	Is stabling adequate?	_____	_____
Heart auscultated and found normal?	_____	_____	Contagious disease on premises or in neighborhood?	_____	_____
History or evidence of bleeder?	_____	_____	Results of fecal exam normal?	_____	_____
History or evidence of nerving?	_____	_____	Has any surgery been performed?	_____	_____
Any evidence of laminitis?	_____	_____	Are you the usual veterinarian for the applicant?	_____	_____
Any signs of founder?	_____	_____	If yes, for how long?	_____	_____
Has horse been castrated?	_____	_____	Is there evidence of any vices or objectionable habits?	_____	_____
If male, are both testicles evident?	_____	_____	<b>Additional for foals under 150 days of age:</b>	_____	_____
If female, is she in foal?	_____	_____	Was birth normal with no complications?	_____	_____
Any previous foaling problems?	_____	_____	Foal stand and nurse normally?	_____	_____
Any parasite problems in the past?	_____	_____	Pulse strong & normal?	_____	_____
Date horse last dewormed.	_____	_____	Respiration regular and completely clear?	_____	_____
Subject to or previous history of colic?	_____	_____	Has foal received any medication?	_____	_____
Any digestive disorder past or present?	_____	_____	CBC normal on this date?	_____	_____
Any congenital deformity or abnormality?	_____	_____	IGG Test: Method _____ Results _____	_____	_____
Any symptoms detrimental to satisfactory breeding?	_____	_____	Nursing Natural Mother?	_____	_____
Date & results of last Coggins (EIA) Test	_____	_____	<b>If applicable, mandatory: HYPP Test Results</b>	_____	_____
To the best of my knowledge and belief this horse has been dewormed at least every 90 days	_____	_____		_____	_____
Has had at least semiannual <b>Influenza</b> and <b>Rhinopneumonitis</b> inoculations	_____	_____		_____	_____
And annual <b>Tetanus, West Nile Virus</b> and <b>Encephalitis</b> Inoculations	_____	_____		_____	_____

If any surgery has been performed, describe the type of surgery and date performed: \_\_\_\_\_

If surgery has been performed, has horse fully recovered? \_\_\_\_\_

Is there any likelihood of future danger to life or limb as a result of such surgery? \_\_\_\_\_

Any faulty conformation or other abnormal conditions? \_\_\_\_\_

In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the insurance company? \_\_\_\_\_

EXCEPT AS NOTED ABOVE, I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HORSE IS, EXCEPT AS NOTED, IN AN INSURABLE CONDITION.

Date & Time \_\_\_\_\_ Signature Of Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_ State License Number \_\_\_\_\_

Veterinary certificates are not acceptable unless submitted within 15 days of examination date.