



The Hillard Agency, Inc.
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No application will be considered unless all questions are answered.

- (1) Applicant(s) _____ Address _____
 (2) City _____ State _____ Zip Code _____ County _____
 (3) Applicant's Interest in animal is: owner lessee other _____
 (4) Telephone: Home _____ Cell _____ Email _____
 (5) Give name and address of anyone else who has a financial interest in this animal _____
 owner lessor other Are they to be shown as additional insured: Yes No
 (6) Location of horse: _____ Stable Telephone: _____
 (7) Coverage applied for: full mortality & theft guaranteed extension optional coverage
 equine major medical (includes surgery) surgical only loss of use stallion infertility
 (8) Desired effective date: _____
 (9) Was purchase price paid by cash trade other Give details of other: _____

(10) NAME OF HORSE	(11) REGISTRATION #	(12) SEX*	(13) BREED	(14) DATE OF BIRTH	(15) DATE ACQUIRED	(16) SPECIFIC USE
(17) SIRE / STUD FEE		(18) DAM		(19) HOW ACQUIRED? auction/private/homebred/other (explain)		
(20) ACQUIRED FROM & ADDRESS	(21) CASH PURCHASE PRICE	(22) VALUE TO BE INSURED		(23) PLEASE PROVIDE PROOF OF PURCHASE (ie. bill of sale, cancelled check, etc.)		

JUSTIFICATION OF VALUE TO BE INSURED:

- Stallion:** Mares bred last year _____ No. Settled _____ Stud Fee \$ _____
 Breeding income last year \$ _____ Mares booked this year _____ Stud Fee \$ _____
Mares: Total no. foals _____ Avg. price foals sold \$ _____ Now in foal to _____
 Date bred _____ Accomplishments of foals _____
Show/Performance horse: Attach signed show record or association print-out.
 (24) Has horse been previously insured? No Yes Exp. date _____ Amount _____ Company Name _____
 (25) Has the horse ever suffered any accident, lameness, disease, or sickness? No Yes Explain: _____
 (26) West Nile Virus-Vaccine given? _____ Dates: _____ Inoculations: _____
 (27) HAS ANY HORSE IN YOUR CARE OR OWNERSHIP DIED IN THE LAST 3 YEARS? No Yes Date of loss, value, insured or not _____
 (28) Name, address and phone number of your usual veterinarian: _____

I/WE DECLARE: that the above information fully confirms my knowledge; that I/we have not been refused this insurance elsewhere; that no other insurance or indemnification agreement is in effect; that I/we are the sole owner unless otherwise indicated; that insurance values requested are not in excess of fair market value; that this horse is sound and healthy at the present time other than as noted; and that I/we have made the Insurance Company fully aware of all matters pertaining to the health status and welfare of all the animals(s) to be insured; that I/we have answered all questions truthfully to the best of my/our knowledge and understand that my/our failure to do so may void any insurance issued based upon this application.

I/WE AGREE: to notify the Insurance Company of any change in the animal's health status or welfare prior to the desired effective date of insurance as stated on this application. I/WE UNDERSTAND and Agree that no pre-existing illness, injury or lameness will be covered by this insurance whether or not I have advised the Company of such condition.

I/WE UNDERSTAND: that the submission of this completed application to the Insurance Company or its authorized agent does not bind insurance coverage on the animal and no insurance shall be in effect unless and until this application and other required material as stated in the Insurance Company's underwriting guidelines is received and approved by the Insurance Company.

I/WE UNDERSTAND: and Agree that no operation including castration is to be performed on any insured animal without the WRITTEN consent of the Company unless the operation is necessary as a result of a peril insured by the policy; and that immediate notice and full details of any lameness, illness, injury or death of the animal will be given to the Company.

NOTICE OF INSURANCE INFORMATION PRACTICE

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our file and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Applicant Signature Required: _____ **Date:** _____

Social Security #: _____ **Date of Birth:** _____