

The Hillard Agency, Inc. 500 South Main Street PO Box 140 Tuscola, IL 61953

The Hillard Agency, Inc. 9 North Main Street PO Box 47 Villa Grove, IL 61956 www.hillardagency.com info@hillardagency.com 800-353-2388 toll-free 217-253-3850 fax

No application will be considered unless all questions are answered.

(1) Applicant(s)									
(2) City			State		Z	ip Code	Coun	ty	
<ul><li>(3) Applicant's Interest in an</li><li>(4) Telephone: Home</li></ul>									
(5) Give name and address o	f anyone else who h	as a financial int	erest in this	animal					
(6) Location of horse:(7) Coverage applied for:		theft ogu	uaranteed ex	Stable Teleph ctension	one:	red: • Yes • o optional co	overage		
(8) Desired effective date: _			ingical offig	0 1033 0	i use	O stallion lill	ertility		
(9) Was purchase price paid			Give det	ails of other:					
			(12) SEX*						
(10) NAME OF HORSE	(11) REGIS	(11) REGISTRATION #		(13) BREED	(13) BREED (14) DATE C		(15) DATE ACQUIRED	(16) SPECIFIC USE	
(17) SIRE / STUD FEE		(18) DAM				(19) HOW ACOU	DED2		
(17) SINE/ STOD FEE		(10) DAIVI				auction/private/homebred/other (explain)			
(20) ACQUIRED FROM & ADDRESS	(21) CASH PI	(21) CASH PURCHASE PRICE		(22) VALUE TO BE INSURED		<u> </u>	(23) PLEASE PROVIDE PROOF OF PURCHASE (ie. bill of sale, cancelled check, etc.)		
		JUSTIFICAT	TION OF \	VALUE TO I	BE INSU	IRED:			
Stallion: Mares bred la	st year	N	No. Settled			Stud Fee \$			
Breeding income last year \$			Mares booked this year			Stud Fee \$			
			\$ Now in foal to						
Show/Performance ho	rsa: Attach signed sh								
(24) Has horse been prev	=		-		ınt	Company	, Name		
(25) Has the horse ever s	•	-							
(26) West Nile Virus-Vacc	=								
(27) HAS ANY HORSE IN	YOUR CARE OR OWN	ERSHIP DIED IN	THE LAST 3	YEARS? o No	o Yes	Date of loss, va	alue, insured or not		
(28) Name, address and p	ohone number of yo	ur usual veterina	arian:						
I/WE DECLARE: that the above informat sole owner unless otherwise indicated; Insurance Company fully aware of all m understand that my/our failure to do so I/WE AGREE: to notify the Insurance Copre-existing illness, injury or lameness I/WE UNDERSTAND: that the submissio until this application and other require I/WE UNDERSTAND: and Agree that no insured by the policy; and that immedi	that insurance value's request atters pertaining to the heal o may void any insurance issu ompany of any change in the vill be covered by this insura on of this completed applicati d material as stated in the Insupple properation including castratic	ted are not in excess th status and welfare ided based upon this a sammal's health status not whether or not I hon to the Insurance Company's urins to be performed in Jameness, illness, illness, illness, illness, illness, in sections are the status and the performed in Jameness, illness, in the section and the section and the section are the sectio	of fair market valiof all the animals pplication. or welfare prior to average advised the company or its autiderwriting guide on any insured an injury or death of	ue; that this horse is (s) to be insured; this o the desired effect Company of such co thorized agent does elines is received an nimal without the W	sound and he at I/we have a live date of inso ondition. s not bind inso d approved b /RITTEN conse liven to the Co	ealthy at the present nswered all question surance as stated on urance coverage on y the Insurance Coment of the Company	t time other than as noted; ns truthfully to the best of r this application. I/WE UND the animal and no insurance apany.	and that I/we have made the ny/our knowledge and ERSTAND and Agree that no te shall be in effect unless an	
Personal information about you may be disclosed to third parties. You have the information is available upon request. O	right to review your persona	l information in our fil	le and can reques	st correction of any					
Applicant Signature Requir	ed:				Date:				
Social Security #:		Date of Birth:							