

Plamp-Keen Agency, Inc.
 PO Box 5039, Louisville, KY 40255-0039
 Phn: (502) 451-7700
 (800) 626-2494
 Fax: (502) 458-7416

**Livestock Insurance
 Application**
This is NOT a Binder

Name of Applicant:	Email Address:
Address:	
City, State, Zip Code:	
Telephone Numbers: Home :	Work:
	Fax:

Please indicate coverage(s) desired:

<input type="checkbox"/> Full Mortality & Theft <input type="checkbox"/> Limited Perils	<input type="checkbox"/> Major Medical (Includes Surgical Coverage) <input type="checkbox"/> Surgical Only (Otherwise included w/ Major Medical)	<input type="checkbox"/> Loss Of Use <input type="checkbox"/> Accident/Illness <input type="checkbox"/> Accident Only <input type="checkbox"/> Stallion Infertility (AS & D)
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Use these codes for the sex of the animal: C=Colt, F=Filly, G=Gelding, M=Mare, R=Ridgling, S=Stallion

Name Of Animal	Registration No.	Age	Sex	Use	Breed

Date Acquired	Acquired From:	Purchase Price	Insurance Desired	Rate

- 1) Are there any other owners or are animals financed or leased? Yes No If yes, please provide their names and address: _____
- 2) Was purchase price cash, trade or both? Give particulars: _____
- 3) Where are horses usually stabled? (Name, address, & telephone number of trainer/barn manager) _____
- 4) Are Animals healthy and capable of performing intended use? Yes No If no, explain: _____
- 5) Has Animal ever been treated for an accident, illness, injury, conformational defects or ailments, lameness, including but not limited to; laminitis/founder, OCD, neurological disorders, navicular syndrome, or degenerative joint disease to your knowledge? Yes No If yes, please provide details including date: _____
- 6) Has the horse had any colic or intestinal disorder within the past 36 months? Yes No If yes, please provide details including date: _____
- 7) Has the horse been nerved or received any surgical treatment for lameness? Yes No If yes, please provide details including date: _____
- 8) Has the horse undergone any diagnostic testing (ultrasounds, radiographs, bone scans, etc) within the past 36 months? Yes No If yes, please provide details including date: _____
- 9) Does this horse receive injections, medication, preventative treatments or any other medications or supplements? Yes No If yes, please provide details: _____
- 10) Are animals now insured ? Yes No Previously Insured? Yes No
If yes to either, what company and amount of insured: _____
- 11) Has any company cancelled or refused to renew your coverage ? Yes No If yes, explain: _____
- 13) Name, address, and telephone number of your usual veterinarian: _____

14) For Quarter Horses, Paints, and Appaloosas only: Does the horse have an ancestor known to carry HYPP? Yes No. If "Yes" is answered please indicate the HYPP status (N/N, N/H, H/H) _____. Note, coverage cannot be considered without the disclosure if HYPP status.

COVERAGE WILL NOT BE CONSIDERED UNLESS THIS FROM IS FULLY COMPLETED, SIGNED, AND DATED BY THE APPLICANT. I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Date	Signature of Applicant
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HEALTH STATEMENT

Insured _____ Policy # N/A New Business

Name(s) of Animal(s)	
a)	f)
b)	g)
c)	h)
d)	i)
e)	j)

This form can only be used when an animal has not had any illness, injury, lameness or disease. Any animal with current or previous conditions is subject to company approval. A veterinarian exam may be required before coverage can be bound.

I declare, to the best of my knowledge, that the animals named above have been free from illness, injury, lameness or disease. These animals have not had any type of colic or gastrointestinal disorders, nerving, degenerative joint disease, founder, laminitis or surgery of any kind. For renewals, this declaration relates to the prior term only, as all medical information older than 12 months would have been previously reported to the company.

I understand that any coverage applied for may become null and void if any material fact has been concealed, misrepresented or is missing from this form.

Applicant Signature

Date