



BFL CANADA Risk and Insurance Services Inc.  
 1700-181 University Avenue, Toronto, Ontario M5H 3M7  
 Tel: 416 599-5530 | Fax: 416 599-5458 | 1 800 668-5901

(1) Applicants Name: \_\_\_\_\_ (2) Address: \_\_\_\_\_ City \_\_\_\_\_ CTHS MEMBER: YES / NO

(3) Residence Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

(4) Loss Payable: \_\_\_\_\_

(5) Horses Located at: \_\_\_\_\_

(6) Coverage Required: Full Mortality ( ) OR Specified Perils ( ) Surgical: \$ 2,500 / \$ 5,000 / \$ 7,500 / \$10,000 NOTE: Surgical coverage only available with Full Mortality

(7) Horses to be insured: (Please circle one only)

NAME	AGE	SEX	BREED	SIRE	DAM	USE	STUD FEE OR PURCHASE PRICE	AMOUNT OF INSURANCE

(8) If amount of insurance exceeds purchase price, give information to justify: \_\_\_\_\_

(9) Has any Horse(s) owned by you died in the past 36 months? \_\_\_\_\_ If so, state cause and if insured, name of insurer and broker \_\_\_\_\_

(10) Has any insurance company ever cancelled or refused to insure any horses in which you have or had an insurable interest? \_\_\_\_\_ If YES, give details: \_\_\_\_\_

(11) State nature of any illness or injury to animal(s) in past 36 months: \_\_\_\_\_

(12) Has insurance on this animal(s) been turned down by any veterinarian or insurance company? \_\_\_\_\_

(13) Was this animal previously insured or is it presently insured by you or partners? \_\_\_\_\_ If YES, indicate when, expiration date of policy, amount of insurance, insurance company and broker name: \_\_\_\_\_

(14) Name and telephone number of trainer or farm manager: \_\_\_\_\_

Name and telephone number of your usual veterinarian: \_\_\_\_\_ In regards to the above personal information pertaining to myself and my horse I give B.F. Lorenzetti & Associates permission to gather and communicate with necessary individuals (eg. Veterinarian, Trainer, Underwriters) for insurance purposes. \_\_\_\_\_ (Please Initial)

COVERAGE CANNOT BE BOUND UNTIL THIS APPLICATION AND A COMPLETED SATISFACTORY VETERINARIAN CERTIFICATE ARE RECEIVED AT THE OFFICE OF CLASSIC EQUINE INSCE BROKERS LTD. THE VETERINARIAN CERTIFICATE MUST BE COMPLETED NOT MORE THAN 30 DAYS BEFORE RECEIPT.

STATEMENT OF APPLICANT: I understand that this application shall be the basis of the policy of insurance if issued. Any material misrepresentation or omission in this application will render any such policy null and avoid. I further understand that no insurance shall take effect unless this application is accepted together with a clean veterinary certificate and a policy issued. In the event a policy is issued, I agree to report by phone any illness, injury, disease or death of any insured animal immediately.

\* PLEASE NOTE MINIMUM PREMIUM PER POLICY IS \$ 150.00

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_