



HORSE MORTALITY INSURANCE APPLICATION

- (1) Name of Insured: _____ Email _____
 (2) Address: _____ City _____ Province _____ Postal: _____
 (3) Residence Phone: _____ Business Phone: _____ Fax: _____
 (4) Loss Payable & Address: _____
 (5) Horses Located at: _____ (6) EC # _____ or Provincial Membership # _____
 (7) Horses to be insured: _____ **For Sex, please use: M for Mare, S for Stallion, G for Gelding, F for Filly, C for Colt**

NAME (Sire & Dam if unnamed)	YEAR BORN	SEX	BREED	USE	PURCHASE PRICE OR STUD FEE	AMOUNT OF INSURANCE

- (8) Date of acquisition: _____ If amount of insurance exceeds purchase price, please justify: _____
 (9) Has any Horse(s) owned by you died in the past 36 months? _____ If yes, state cause and if insured, name of Insurer and broker. _____
 (10) Has any Insurance Company ever cancelled or refused to insure any horses of which you have or had an insurable interest? **YES / NO** If yes, give details: _____
 (11) State nature of any illness or injury to above animal(s) in past 36 months: _____
 (12) Has any vet or insurance company declined insurance on this animal(s)? **YES / NO** If yes, explain: _____
 (13) Was this animal previously insured or do you or your partners presently insure it? **YES / NO** If yes, indicate expiry date of policy, amount of insurance, company and broker name: _____
 (14) Name and telephone number of your usual veterinarian: _____

With respect to the above personal information pertaining to myself and my horse, I give BFL CANADA Risk & Insurance Services Inc. permission to gather and communicate with necessary individuals (eg. Veterinarian, Trainer, Underwriters) for insurance purposes. _____ (Please Initial)

COVERAGES (Please select all that apply)	YES / NO	LIMIT REQUIRED
MORTALITY INSURANCE: Option 1 – Full Mortality Option 2 – Specified Perils	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____ \$ _____
WORLDWIDE TERRITORY, AIR TRIP TRANSIT, BERSERK	<input type="checkbox"/> YES <input type="checkbox"/> NO	As per Mortality limit
SURGICAL INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 7,500 <input type="checkbox"/> \$10,000
MAJOR MEDICAL INSURANCE (Surgical included in this option)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 7,500 <input type="checkbox"/> \$10,000
TACK INSURANCE (\$3,500 Included for members)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
HORSE TRAILER PHYSICAL DAMAGE (2% deductible applies)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

COVERAGE CANNOT BE BOUND UNTIL THIS APPLICATION IS RECEIVED BY BFL CANADA AT THE OFFICE NOTED ABOVE. THE VETERINARIAN CERTIFICATE (IF REQUIRED) MUST BE COMPLETED WITHIN 30 DAYS OF BFL'S RECEIPT OF THIS APPLICATION.

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 void. I further understand that no insurance shall take effect unless this application and supporting documentation, including veterinary certificate, if required, is accepted and a policy is issued. In the event a policy is issued, I agree to report any illness, injury, disease or death of any insured animal immediately to BFL CANADA Risk and Insurance Services Inc. \$150 Minimum & Retained Premium applies



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Toll Free: 1 800 668-5901 | Email: equine@bflcanada.ca

DATE: _____ Signature of Applicant: _____