



EQUI-CARE MORTALITY APPLICATION (One Per Horse)

#100 – 1500 Hardy Street, Kelowna, BC V1Y 8H2
 PHONE: (250) 860 2426 FAX: (250) 860-1213 TOLL FREE: 1-800-670-1877
 www.capri.ca Email: agri@capri.ca

Name of Applicant _____
 Address _____ City _____ Province _____ PC _____
 Phone #(____) _____ Fax #(____) _____ Email _____
 Cell #(____) _____ What Provincial Equine Association are you a member of? _____

NAME OF HORSE _____

SEX	BREED	COLOUR	YEAR FOALED
DATE OF PURCHASE	PURCHASE PRICE	USE OF HORSE /Discipline	REGISTRATION/TATTOO #

Who was horse acquired from? _____
 Are you the sole owner? Yes No If NO, state name and address of designated parties and their financial interest (i.e.: Lessor, Syndicate, etc) _____
 Are regular inoculations and worming current? Yes No Any illnesses or injuries to the above horse within the last 3 years? Yes No
 Did any horse die or sustain injury while in your care, custody or control in the last 3 years? Yes No If yes, describe _____

Name/Address/Phone # of individual/stable who cares for this horse _____
 Is above horse currently insured? Yes No Insurer: _____ Policy # _____ Expiry _____
 Any insurance claims in the last 5 years? Yes No If Yes, describe _____
 Have you claimed any Veterinary Expenses in the last 3 years? Yes No If YES, describe _____

Has the horse received any performance enhancing or maintenance procedures or treatments, including intramuscular and/or joint injections, any type of medication long or short term, or any preventative treatments in the last twelve months Yes No
 If Yes, explain _____

<u>COVERAGE</u>	<u>LIMIT</u>		<u>PREMIUM</u>
Pick one only: <input type="checkbox"/> FULL MORTALITY OR <input type="checkbox"/> NAMED PERILS	\$ _____		\$ _____
MAJOR MEDICAL / SURGICAL *	\$ 5,000.	\$250.	\$ _____
MAJOR MEDICAL / SURGICAL *	\$ 10,000.	\$350.	\$ _____
* Eligibility for Medical Extension is limited to horses insured for Full Mortality valued at \$5,000 or more. Loss settlement will not exceed Mortality limit.			\$ _____
Stallion Infertility <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____
World Wide and Air Transit including Berserk <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____

<u>POLICY SUBJECT TO \$240 MINIMUM & RETAINED PREMIUM</u>	PREMIUM SUB-TOTAL: \$ _____ PROVINCIAL SALES TAX AS APPLICABLE: \$ _____ TOTAL: \$ _____
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DECLARATION OF OWNER

I/We understand and agree that the policy to be issued shall be founded upon the statements contained herein; that animals having heaves or vicious habits, that animals which are colickers or emphysematous or bleeders or blind or nerved or orphaned foals under 90 days of age are not insurable, that no operation shall be performed on the insured animal without the consent of the company unless the operation is necessary as a result of an insured peril. I/We understand and agree that immediate notice and full details of any lameness, illness, injury or death of the insured animal will be given to the insuring company. I/We agree that this application is the basis of the contract and if anything is falsely stated or information withheld to influence the company's decision, the insurance contract shall be null and void. It is understood that the signing and filing of the application does not bind the company and no insurance shall be effective until this application is accepted by the company based on the information declared.

SIGNATURE OF APPLICANT _____ DATE SIGNED _____ POLICY EFFECTIVE DATE (MM/DD/YYYY) _____
 Visa MasterCard AmEx # _____ Expiry: M _____ Y _____

CARD HOLDER'S NAME (Please Print) _____ CARD HOLDER'S SIGNATURE _____

**** VETERINARIAN CERTIFICATES MUST BE RECEIVED BY CAPRI WITHIN 30 DAYS OF EXAMINATION OR WILL BE CONSIDERED VOID****