



EQUI-CARE MORTALITY APPLICATION (One Per Horse)

Name of Applicant _____
 Address _____ City _____ Province _____ PC _____
 Phone # _____ Cell # _____ E-Mail _____
 What Provincial Equine Association are you a member of? _____

NAME OF HORSE (registered/show and barn name) _____

SEX	BREED	COLOUR	YEAR FOALED
DATE OF PURCHASE	PURCHASE PRICE	USE OF HORSE /DISCIPLINE / LEVEL	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 inoculations, dental exam and parasite control current (within last twelve months)? 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 EQUINE insurance claims in the last 5 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 _____
 Have you ever taken an educational course related to horses? Yes No
 Do you work regularly with a credentialed coach/trainer Yes No

Pick one only: <input type="checkbox"/> FULL MORTALITY OR <input type="checkbox"/> NAMED PERILS MORTALITY (includes Death Claim reimbursement, Extra Stabling expense)	REQUESTED LIMIT	RATE	PREMIUM
	Guaranteed Renewal & Agreed Value <input type="checkbox"/> Yes <input type="checkbox"/> No MAJOR MEDICAL / SURGICAL ❖ Claims for Medical / surgical are subject to deductible and / or Co-insurance ❖ Eligibility for Medical / surgical is limited to horses insured for Full Mortality where the fair market value/limit of coverage is a minimum of \$2,500 ❖ Loss settlement for Major Medical/Surgical 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	\$ _____ \$ _____ PICK ONE LIMIT <input type="checkbox"/> \$2,500 to \$5,000. \$225.00 <input type="checkbox"/> \$5,001 to 10,000. \$350.00 <input type="checkbox"/> \$10,001 to 15,000. \$550.00	X 0.10%

POLICY SUBJECT TO \$240 MINIMUM & RETAINED PREMIUM Premiums are subject to Tax in some Provinces. Please add to premiums as applicable. SK - 6% MB - 7% ON - 8% NL - 15% Policies in BC, AB, NB, NS, NT, YT, PEI are NOT subject to tax.	PREMIUM SUB-TOTAL \$ _____ Provincial Sales Tax as applicable \$ _____ TOTAL POLICY PREMIUM \$ _____
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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) _____

Please call our office to provide credit card details
COVERAGE WILL NOT BE EFFECTIVE UNTIL PAYMENT METHOD HAS BEEN CONFIRMED

**** HEALTH CERTIFICATES MUST BE RECEIVED BY US WITHIN 30 DAYS OF EXAMINATION OR WILL BE CONSIDERED VOID****

Western Provinces and Territories:

CapriCMW Insurance Services Ltd.
 100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2
TF 1 800 670 1877 **F** 1 888 822 6115
E agri@capricmw.ca **W** capricmw.ca/equine

Ontario and Provinces Eastward:

CapriCMW Insurance Services Ltd.
 15221 Yonge Street, Aurora, ON L4G 1L8
TF 1 888 394 3330 **F** 1 888 822 6115
E forms@equicare.ca **W** capricmw.ca/equine