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.CapriCMW.ca Email: agri@capricmw.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_____

COVERAGE	LIMIT		PREMIUM
Pick one only: ☐ **FULL MORTALITY OR** ☐ **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 ☐ Yes ☐ No			$_____
World Wide and Air Transit including Berserk ☐ Yes ☐ No			$_____

POLICY SUBJECT TO $240 MINIMUM & RETAINED PREMIUM

PREMIUM SUB-TOTAL:	$_____
PROVINCIAL SALES TAX AS APPLICABLE:	$_____
TOTAL:	$_____

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 #1-800-670-1877

COVERAGE WILL NOT BE EFFECTIVE UNTIL PAYMENT METHOD HAS BEEN CONFIRMED

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