



**CANADIAN  
LIVESTOCK  
INSURANCE**

A DIVISION OF  
CFIB

**480 University Ave. Ste#412  
Toronto, ON M5G 1V2  
Tel. 416-510-8191 Fax. 416-510-8186**

**APPLICATION FOR RACEHORSE INSURANCE**

**TO BE COMPLETED BY INSURED.  
ALL VALUES & COVERAGE subject to  
REVIEW BY UNDERWRITERS**

NAME OF OWNER OR LESSEE: \_\_\_\_\_

ADDRESS OF OWNER/LESSEE: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Home Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

NAME OF HORSE(S): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

REGISTRATION/TATTOO NUMBERS: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

SEX: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ M= Mares; S= Stallion; F= Filly; C= Colt; G= Gelding

DATE OF BIRTH: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

SIRE/DAM: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Purchase/Claiming Price & Date 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

- Are you the sole owner? \_\_\_ Please list partners, mortgage or leinholders on horse(s): \_\_\_\_\_
- Did any horse(s) owned by you or in your care, custody & control die in the past 3 years? If so, state cause of death: \_\_\_\_\_
- Has any insurance company ever cancelled any insurance or refused to insure any animal in which you have or had an insurable interest? \_\_\_\_\_
- State nature of any illness or injury to above horse(s) within last 3 years: \_\_\_\_\_
- Has insurance on this horse(s) been turned down by any veterinarian or insurance company? \_\_\_\_\_
- Is there current insurance in force on this horse(s)? \_\_\_ If so, list company & amount: \_\_\_\_\_
- If this horse(s) is being leased, please provide name and address of lessor: \_\_\_\_\_
- List dates of worming & vaccinations in last 12 months eg. rabies, tetanus, west nile, strangles etc. \_\_\_\_\_
- Is horse(s) capable of performing intended use? \_\_\_ if not, describe: \_\_\_\_\_

<b>COVERAGES REQUIRED</b>	<b>YES</b>	<b>NO</b>	<b>SUM INSURED REQUIRED</b>
FULL MORTALITY	_____	_____	Horse #1) \$ _____
	_____	_____	Horse #2) \$ _____
SURGICAL A	_____	_____	@ \$250.00 annual premium
	_____	_____	@ \$150.00 annual premium
SURGICAL B	_____	_____	@ \$500.00 annual premium
	_____	_____	@ \$250.00 annual premium
Terrorism Risk Insurance	_____	_____	@ 0.10% additional premium (\$50.00 minimum)

**SIGNATURE OF INSURED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_