



**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 SHOW HORSE 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: _____ Fax# _____

REGISTRATION or TATTOO NUMBERS: _____ SEX: _____ BREED: _____

SIRE: _____ DAM: _____ DATE OF BIRTH: _____

PURCHASE PRICE: _____ USE: _____ DATE OF PURCHASE _____

1) Are you the sole owner? ___ Is there a mortgagee or leinholder on horse? If so please give details:

2) 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: _____

3) Has any insurance company ever cancelled any insurance or refused to insure any animal in which you have or had an insurable interest? _____

4) State nature of any illness or injury to above horse(s) within last 3 years: _____

5) Has insurance on this horse(s) been turned down by any veterinarian or insurance company? _____

6) Is there current insurance in force on this horse(s)? ___ If so, company & amount: _____

7) If this horse is being leased, please provide name and address of lessor: _____

8) List dates of worming & vaccinations in last 12 months eg. rabies, tetanus, west nile, strangles etc. _____

9) Is horse capable of performing intended use _____ if not, describe: _____

COVERAGES REQUIRED	YES	NO	SUM INSURED REQUIRED
FULL MORTALITY	_____	_____	\$ _____
\$5,000 MAJOR MEDICAL	_____	_____	@ \$200.00 annual premium
Terrorism Risk Insurance	_____	_____	@ 0.10% additional premium (\$50.00 minimum)

SIGNATURE OF INSURED: _____ **DATE:** _____