

COMPANY – EQUINE DIVISION

NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED BY THE INSURED



**Timothy & Denise Folck**  
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 Lexington, KY 40513  
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[FolckEquine.com](http://FolckEquine.com)

Desired effective date \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_  
 2. Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 3. Telephone \_\_\_\_\_  
 (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 4. Email \_\_\_\_\_ Website \_\_\_\_\_

- Coverage Desired (please check)  
 Full Mortality/Theft\*  
 Major Medical (Check only one; deductible applies per occurrence): (Specify horse if different)  
 \$5,000       \$10,000  
 \$7,500       \$15,000  
 Surgical  
 Loss of Use (X-rays required)  
 \*12-month term, unless endorsed; emergency colic surgery maybe included--call

- ASD Stallion Infertility  
 Guaranteed Renewal  
 Restricted Perils  
 Agreed Value

Note: Do you have "Equine Liability Insurance" should any owned Horse(s) cause property damage or bodily injury on or off the farm?  Yes  No Explain: \_\_\_\_\_

5. Is this: New Business  A Renewal  Additional Coverage  Current Policy # \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 6. Are any of the animals listed herein financed/leased?  Yes  No If so, state amount, when and to whom due (give address) (provide copy of lease): \_\_\_\_\_  
 7. Is there any other insurance on any of these animals listed herein \_\_\_\_\_  
 8. Chiefly kept on premises known as (give complete address, phone, email): \_\_\_\_\_  
 9. Name, address and phone number of trainer (if different from above): \_\_\_\_\_

1.	Name of Animal		Sex	Sire	Purchase Price	*Amount Desired	Premium
				Dam			
	Breed/Reg. no.	Exact Use(s)	DOB		Date Purchased	Rate	
			Color:				
2.	Name of Animal		Sex	Sire	Purchase Price	*Amount Desired	Premium
				Dam			
	Breed/Reg. no.	Exact Use(s)	DOB		Date Purchased	Rate	
			Color				
Payment in full via check or money order (no credit cards) payable to Marnitz & Associates Financing available (call for details)							<b>Total Premium Δ</b>

\* Amounts of insurance in excess of purchase price (or 3 times stud fee, if raised) require substantiation of value. Submit brief details on show/performance records, training expenses, sire/dam produce, etc. ("Agreed value" is subject to company acceptance)

This application is part of a set including: Statement of Health, Veterinary Exam (if required). Continue to Page 2 →

10. If raised foal, give stud fee \_\_\_\_\_; advise Dam's show & produce records
11. Has any animal named above been afflicted with any disease or sickness, or received any hurt or injury in the past 12-month period? \_\_\_\_\_ If so, give particulars (veterinary exam required) \_\_\_\_\_
12. Is any animal named above used as a hunter/jumper/eventer or for racing? \_\_\_\_\_ If so, please explain use \_\_\_\_\_
13. Are eyes, legs and feet of every animal named above in normal condition \_\_\_\_\_
14. Has any animal named above ever had colic or indigestion \_\_\_\_\_ If so, how often? \_\_\_\_\_  
When was the last attack? \_\_\_\_\_ Cause of attack, if known \_\_\_\_\_
15. How many animals did you lose by death in the last 3 years? \_\_\_\_\_ Cause(s) of death? \_\_\_\_\_
16. Was the purchase price cash, trade or both†? \_\_\_\_\_ If any part trade, state what is consisted of, and state what amount of cash was paid \_\_\_\_\_
17. Do you understand that it is required under the policy to give **immediate** notice by telephone of any **illness, injury, disease or death** or your claim may be denied and do you agree to do so? \_\_\_\_\_ Advise trainer/boarder \_\_\_\_\_
18. Has any company ever rejected an application for insurance or cancelled a policy on any of the herein-described animals? \_\_\_\_\_ Explain \_\_\_\_\_

†coverage requested for more than purchase price require substantiation (e.g. show record, progeny sale price)

#### STATEMENT OF CONDITION

I declare to the best of my knowledge and belief that the animal or animals listed on the above schedule to be in normal, healthy and sound condition. I further declare that during the past policy year, the above listed animals have been found free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything by falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void. **Attached Statement of Health is required.**

#### DECLARATION

I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief, the above statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract, should a policy be issued and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Date: \_\_\_\_\_ Print name: \_\_\_\_\_ Signature **X** \_\_\_\_\_

If not signed by applicant, please state signatory's relation to applicant.

Submit immediately via email, fax or post. Coverage bound upon receipt; contact Folck Equine Insurance to verify.

Δ Premium financing available, please contact Folck Equine Insurance for information.

#### **Special Note: Please notify Folck Insurance if any of the below occur:**

- Illness or injury: especially when treated by a DVM more than once for the same condition (including maintenance treatments). *Policy notice requirement*
- Ownership Change: If you sell full or partial interest (includes funds received and/or contract)
- Location Change: Your address, contact info, trainer, boarding location

**\* SUPPLEMENTAL APPLICATION/STATEMENT OF HEALTH (SOH) \***

STATEMENT FORMS PART OF THE ANIMAL MORTALITY APPLICATION. TO BE COMPLETED BY THE INSURED.

Owner: \_\_\_\_\_ City, State: \_\_\_\_\_

Horse #1 Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Horse #2 Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Check the appropriate answer for each horse. Answer all questions.



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1. Is the horse primarily Performance bred and shown as All-Around?
2. Will the horse be "strictly" halter?
3. If the horse is used for breeding, are offspring expected to be shown primarily in halter classes?
4. Does the horse have an ancestor known to carry HYPP (e.g. descendent of stallion IMPRESSIVE)?

If yes, check HYPP results:

Has this horse experienced any HYPP signs or symptoms?

If not tested, circle HYPP of sire and dam (check breed assn.)

Sire:

Dam:

Horse #1			Horse #2		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> N/N	<input type="checkbox"/> N/H	<input type="checkbox"/> N/H	<input type="checkbox"/> N/N	<input type="checkbox"/> N/H	<input type="checkbox"/> N/H
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Sire			Dam		
<input type="checkbox"/> N/N	<input type="checkbox"/> N/H	<input type="checkbox"/> N/H	<input type="checkbox"/> N/N	<input type="checkbox"/> N/H	<input type="checkbox"/> N/H
<input type="checkbox"/> N/N	<input type="checkbox"/> N/H	<input type="checkbox"/> N/H	<input type="checkbox"/> N/N	<input type="checkbox"/> N/H	<input type="checkbox"/> N/H
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. Was this horse given West Nile Virus vaccination?  
 If yes, indicate date 1<sup>st</sup> vaccination \_\_\_\_\_  
 Indicate follow-up booster date \_\_\_\_\_  
 If no, give dates to be given (esp. foals over 90 days) \_\_\_\_\_
6. Is the horse currently sound and healthy, without use of drugs for intended use?
7. Does the horse have any illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders (eg EPM) navicular disease and/or degenerative joint disease?
8. Has the horse had any colic, impaction, colic surgery or intestinal disorders within the last 36 months?
9. Has the horse been nerved or received any surgical treatment for lameness?
10. Has the horse been examined or treated by a veterinary for anything other than routine care within the last 12 months?
11. Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months?
12. Has the horse received any type of medication and/or joint injections (long or short term) in the last 12 months or any preventative treatment?

If "yes" was answered to questions 7 through 12, please provide details: *(attach additional sheet if necessary)*

Date \_\_\_\_\_ Print owner's (or trainer's) name \_\_\_\_\_ Signature X \_\_\_\_\_  
 (must be no more than 20 days prior to effective date)

The form, along with the Application for Equine Mortality Insurance, must be returned to our office by the effective date of your renewal or the date scheduled to begin coverage in order to bind full mortality coverage (subject to company approval). In order to save time, you may fax or email the completed forms, but please mail the originals to our office. Your payment is due within 10 days of the start of coverage.

**\* VETERINARY EXAM FORM \***



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**Owner Contact Information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone number (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Email \_\_\_\_\_

**Trainer Information (or boarding facility)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone number \_\_\_\_\_ (cell) \_\_\_\_\_  
 Email \_\_\_\_\_

**Note: (PLEASE READ) Veterinary examination required on horses under six months old or over 15 years old, any horse valued at \$100,000 or more and any horse that has had illness or injury (or chronic maintenance treatments) in the past year.**

<i>NOT required for Restricted Perils</i>	<b>VETERINARIAN'S EXAMINATION</b>	<i>Note: Make certain answers are correctly indicated in spaces</i>
I HEREBY CERTIFY that I have identified & examined the following horse(s) before and after exercise, and have inquired as to all matters pertaining to previous "health status and medical history":		
Horse #1 (if unnamed, please put sire/dam)	(Sex)	(Color) (Age)
Horse #2 (if unnamed, please put sire/dam)	(Sex)	(Color) (Age)

	Horse #1		Horse #2			Horse #1		Horse #2		
	Yes	No	Yes	No		Yes	No	Yes	No	
a. Pulse and respiration normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q. Contagious disease on the premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Temperature normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r. Results of fecal exam normal in last 60 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Eyes clinically normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date last wormed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Heart auscultated and found normal**?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date last tetanus vaccination _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. History or evidence of a bleeder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s. Are you the applicant's usual veterinarian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. History or evidence of nerving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For how long? _____					
g. History or evidence of laminitis/founder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t. I found the housing, feeding & conditions to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Has any surgery every been performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> poor <input type="checkbox"/> good <input type="checkbox"/> very good <input type="checkbox"/> excellent					
if yes, is there full recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ADDITIONAL FOR FOALS (UNDER 120 DAYS OF AGE)</b>					
i. If male, are both testicles evident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was birth normal with no complications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. If female, any particular complications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does foal stand and nurse normally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Subject to or previous history of colic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is pulse strong and normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Any digestive disorder past or present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiration regular and completely clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
if yes for k or l, give date and full details below.					Has foal received any medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Any indication of infection or disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CBC normal on this date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o. Any indication of lameness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IGG results:					
p. Signs of nervous habits (eg. cribbing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has foal experienced a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*\*if in doubt, perform electro cardiogram:  Normal  Not normal

Give complete details in regard to any of the above questions that might have a bearing on the health or soundness of this horse. In addition, are there any other medical facts you feel should be brought to the attention of the company or any reason why the horse should not be insured? (attach additional information as necessary)

Except as noted, I certify that to the best of my knowledge and belief, the horse is in sound and healthy condition and is thereby insurable.

DVM (print name) \_\_\_\_\_ VET CLINIC \_\_\_\_\_  
 TELEPHONE (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

SIGNATURE X \_\_\_\_\_ DATE & TIME OF EXAM \_\_\_\_\_

**Must be received by Folck Insurance within 15 days of examination (fax or email recommended) – please call to confirm receipt. Furnished at owner's expense. Forms may be copied to use for horse(s) in other locations.**

**Note: Report Illness/Injuries including chronic unsoundness (policy requirement)**