



APPLICATION FOR LIVESTOCK INSURANCE

THIS IS NOT A BINDER

210-271-9834 • Fax 1-210-271-9838
1-800-990-9880 or 1-800-805-9881

Jones Bloodstock Insurance Agency, LLP
P.O. Box 1434
San Antonio, Texas 78295

IMPORTANT: No application will be considered if not fully completed and signed by the Assured and Veterinarian within 20 days of inception. Veterinarian must Complete and Sign Reverse side for Mortality Coverage.

NAME OF APPLICANT	<input type="checkbox"/> Renewal <input type="checkbox"/> New
ADDRESS	PREVIOUS POLICY NUMBER
CITY	STATE
	ZIP
	PHONE NUMBER ()

POLICY PERIOD	
From _____	To _____
Noon STD Time	
PAYMENT MODE	
<input type="checkbox"/> Full payment <input type="checkbox"/> Pay-Out Plan	
COVERAGE REQUIRED	
<input type="checkbox"/> Mortality & Theft <input type="checkbox"/> Major Medical <input type="checkbox"/> Specified Peril <input type="checkbox"/> EMCS <input type="checkbox"/> A S & D <input type="checkbox"/> Other _____	

INSTRUCTIONS: 1. Photograph required for unregistered animals. 2. Use these codes for sex of animal: M - Mare; S - Stallion; F - Filly; C - Colt; G - Gelding

Name	Breed	Sex	Date of Birth	Exact Use	Date Acquired	Acquired from Name/Address	Purchase Price	Amount Insured**	Rate Co. Only

Sire: _____

Dam: _____ Registration Number: _____

Tattoo Number: _____

1. Are you the sole owner? _____ If no, attach list of all owners.
2. Was the purchase price paid by cash, trade or both? Give particulars. _____
3. Are any animals financed or leased? _____ If yes give particulars. _____
4. Name/Address of Loss Payee: _____
5. 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? _____
6. Where are animals normally kept (barn, pasture, track)? _____
Location _____
7. Are animals now insured? _____ Previously insured? _____
If yes to either, what company and amount insured. _____
8. Has any company canceled or refused to renew your coverage? _____

9. Has any horse owned by you died in the past three years? _____
If yes, state cause(s) and date(s). _____
10. Has the above horse suffered at anytime from melanomas, sarcoids, warts or any other type of growth? _____ If yes, give details. _____
11. Is the above horse at present normal in eye, wind and action to the best of your knowledge and does it in your opinion represent a normal risk for the insurance that is being proposed? _____
If no, give details _____

Agency Administration Fee Of \$15.00 Charged On All Policies

I understand that the insurance being applied for if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or policy issued.

APPLICANT'S SIGNATURE X	DATE / /
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