



JERRY PARKS EQUINE INSURANCE, INC.
PARKS INSURANCE CORPORATION

901 SW 60th Ave.
P.O. Box 770788
Ocala, FL 34477-0788
Telephone 352 237 2164
Fax 352 873-0888

APPLICATION FOR EQUINE INSURANCE

Circle and Initial Here if you want to include **SURGICAL** or **MAJOR MEDICAL** with your Full Mortality Coverage.

Values other than the purchase price are subject to acceptance by the company, details of prize winnings, performance, service fee, number of bookings and other pertinent information must be submitted for consideration of stated values. No application will be considered if not fully completed, signed by the Insured, and accompanied by either a fully completed statement of condition signed by the Insured and/or a fully completed vet certificate signed by a veterinarian.

1. Applicant _____ Occupation _____
2. Address _____ City _____ State _____ Zip _____
3. Telephone: Days () - _____ Evenings () - _____
4. Email _____

APPLICANT MUST COMPLETE ALL QUESTIONS AND SIGN BELOW.

Name of Horse (Sire x Dam)	Reg. Or Tattoo No.	Sex	Breed	Use	Birth Date	Date of Purchase	Auction or Private	Purchase Price or Stud Fee	Amount of Insurance Requested
A.									
B.									
C.									

4. Was purchase price cash, trade or both? If any part trade, state what it consisted of, and state what amount cash was paid. _____
5. Is there any other insurance applying to the animal(s) listed? _____
6. If not sole owner of animal(s), state full details of designated owners including complete address and phone. _____
7. If the animal(s) are under contract for lease and/or financed, give details. _____
8. Has any insurance company cancelled or declined this or previous livestock insurance? _____
9. Have any of the listed animal(s) had an illness, disease, lameness, injury, accident or physical disability in the past 3 years? _____
10. Are any of the above named animals currently receiving medication(s) on a regular basis? _____ Regularly at anytime during the past year? _____ For what purpose? _____
11. Has there been any contagious or infectious disease on your premises during the last year? _____
12. For all Quarter Horses, Appaloosas or Paint horses: a) does animal(s) have pedigree link to HYPP? _____ If yes, please list test date and results: _____ b) If horse is N/H, has the horse experienced any episodes? _____
13. Where are animal(s) located? _____
Who has care, custody and control of them? _____
14. Have any animal(s) in your care or ownership died in the past 3 years? _____
Cause? _____ Date? _____ Insured Amount? \$ _____
15. Have you any other horses not being insured? _____ State number and why excluded. _____
16. Is animal(s) on a regular worming and vaccination program? _____ Frequency? _____
Have the animal(s) been vaccinated against West Nile Virus? _____
17. Previous insurance in effect on the animal(s) last year? _____ Agency? _____
Insured amount last year: \$ _____ If not, why not? _____
Remarks/Comments: _____
18. Please list name and phone of your usual veterinarian if not listed on the accompanying vet certificate. _____
19. How were you referred to our Agency? _____

NOTICE: No animal will be bound for full mortality coverage until this application has been properly completed and received by this office and a current statement of condition or vet check covering such animal(s) has been received by this office. Pending actual receipt of the aforementioned paperwork, this office will bind coverage against specified perils only. Premium payment with application-minimum earned policy premium is \$200.00. **ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

APPLICATION AND ANY ACCOMPANYING PAPERWORK MUST BE CURRENT AND IN OUR OFFICE WITHIN 10 DAYS.

Print Name _____ Signed _____ Date _____