

AMERICAN EQUINE INSURANCE GROUP

Accident, Sickness and Disease Stallion Infertility

Supplemental Application

Name of Insured: _____ Phone Number: _____

Address: _____

Name of Horse: _____ Breed: _____ Date of Birth: _____

Registration Number: _____ Fair Market Value: _____ Insured Value: _____

	Current Season	Previous Season
Dates of beginning and ending of service season		
Stud fee		
Is stud fee on "no foal – no fee" basis?		
Is service live cover or AI?		
Number of mares bred		
Number of mares settled*		
Number of foals born		
Amount actually earned		
Amount actually earned in current season to date		
Bookings for remainder of current season		
Booking for next season		

*AS&D Coverage is not available for stallions in their first breeding season.

DECLARATION

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature of owner(s) of above named animals

Date: _____
(must be no more than 30 days prior to policy effective date)