



**BARNES EQUINE**  
INSURANCE AGENCY

P.O. Box 609  
Pigeon Forge, Tennessee 37868  
Toll Free 1-877-332-2500  
FAX 1-865-908-0066  
www.barnesequine.com

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 AND SIGNED BY THE INSURED AND VETERINARIAN.

### APPLICATION FOR ANIMAL MORTALITY INSURANCE

1. NAME, ADDRESS

2. PHONE NO.

3. FAX NO.

4. CELL NO.

5. HORSE STABLED AT

6. EFFECTIVE DATE: (SUBJECT TO RECEIPT OF SATISFACTORY VET. CERT. IN COMPANY'S OFFICE)

7. NAME AND REGISTERED OR TATTOO NO. (PHOTOS OR SKETCHES REQUIRED ON UNREGISTERED HORSES)	SEX (E.G. COLT GELDING)	BREED	USE	DATE OF BIRTH	DATE OF PURCHASE	PURCHASE PRICE	AMOUNT OF INSURANCE	RATE
ITEM #1								
ITEM #2								
ITEM #3								
ITEM #4								
Add \$7500 Major Medical <input type="checkbox"/> Yes						@ \$250	per horse	
<b>TOTAL ANNUAL PREMIUM</b>								<b>\$</b>

### THIS SECTION TO BE COMPLETED BY VETERINARIANS

I HEREBY CERTIFY THAT I HAVE EXAMINED THE ABOVE DESCRIBED ANIMAL(S) AND HAVE WITNESSED MOTION IN AN OPEN AREA OUTSIDE THE STALL AND OBSERVED AS FOLLOWS:

1. IS PULSE AND RESPIRATION OF HORSE(S) NORMAL?

2. ARE BOTH EYES OF HORSE(S) NORMAL?

3. DOES THE HORSE(S) MANIFEST ANY INDICATION OF LAMENESS OR FAULTY CONFORMATION IN ANY OF LEGS OR FEET?

4. IS THE HORSE(S) SUBJECT TO A FOUNDERING CONDITION?

5. HAS HORSE(S) BEEN FIRED?

6. HAS NEURORECTOMY BEEN PERFORMED ON HORSE(S)?

7. IS THE HORSE(S) SUBJECT TO ATTACKS OF COLIC?

8. HAS ANY SURGICAL OPERATION BEEN PERFORMED ON HORSE(S)?

9. IF SO, HAS THE HORSE(S) FULLY RECOVERED?

10. IS THERE ANY LIKELIHOOD OF FUTURE DANGER TO LIFE OR LIMB AS A RESULT OF SUCH OPERATION?

11. I FOUND THE HOUSING, FEEDING AND MAINTENANCE TO BE

AND I DISCOVERED

CONTAGIOUS OR INFECTIOUS DISEASE PRESENT, AND EXCEPT AS NOTED

ABOVE I HEREBY CERTIFY THAT THE ANIMAL(S) IS/ARE SOUND AND HEALTHY CONDITION.

VETERINARIAN'S SIGNATURE

DATE OF EXAMINATION

\* Exam only required on values over \$50,000.