McNamara Company
1330 Hwy 96 St. Paul, MN 55110
Phone 651-426-0607 Fax 651-426-5790
debbietreadwell@mcnamaracompany.com
www.BuyHorseInsurance.com

Renewal Application

Name and Address of Owner:

_____

_____

_____

Email address: _____

Cell phone: ( ) _____

Home phone: ( ) _____

Fax Number: ( ) _____

Broker's Name: _____

Last Year's Policy Number: _____

Desired Effective Date: _____

Name of Horse	Breed	Sex*	Exact Use	Level	Date of Birth	Purchase Date	Purchase Price	Insured Amount**✦
A.								
B.								
C.								
D.								

**G-Gelding, M-Mare, S-Stallion*

*** If requested value exceeds the purchase price, please provide explanation of value (i.e. competition record, appraisal, training, etc.)*
✦ Insured amount should not exceed the horse's current fair market value.

Loss Payee or Additional Insured Name: _____

(Please indicate on which horses Loss Payee or Additional Insured Name applies.)

1. Is the horse(s) currently sound and healthy for the use intended? Yes ☐ No ☐
2. Does the horse(s) have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative joint disease? Yes ☐ No ☐
3. Has the horse(s) had any colic or intestinal disorder within the last 36 months? Yes ☐ No ☐
4. Has the horse(s) been nerved or received any surgical treatment for lameness? Yes ☐ No ☐
5. Has the horse(s) been examined or treated by a veterinarian for anything ***other*** than routine care within the last year? Yes ☐ No ☐
6. Has the horse(s) undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes ☐ No ☐
7. Has the horse(s) received any joint injections in the last 12 months? If yes, please specify joints injected, dates, and reasons for injections below. Yes ☐ No ☐
8. Has the horse received any type of medication long or short term, or any preventative treatments in the last 12 months? Yes ☐ No ☐
9. Does the horse(s) receive any other medications/supplements? Yes ☐ No ☐
10. Are there any other current or prior health conditions to which the horse(s) has been exposed? Yes ☐ No ☐
11. Will any horse be outside the continental United States or Canada during the coverage period? Yes ☐ No ☐

If the answer to question 1 is "No" for any horse, please indicate the horse and provide details below. If "Yes" was answered to any question 2 through 10, please indicate the horse and provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work. For question 11, provide details including dates and locations for coverage consideration.

_____

_____

_____

Please attach updated information on the horse(s) show/competition record, training, or breeding information.

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.

_____ ***Date:*** _____

Signature of owner (s) of above named animal *(must be no more than 60 days prior to policy effective date)*

Additional Coverages Available

Horse:	A	B	C	D	
	☐	☐	☐	☐	Equine Catastrophic Accident and Illness *(annual limit $5,000)*
	☐	☐	☐	☐	Equine Medical and Surgical *(annual limit $7,500)*
	☐	☐	☐	☐	Equine Medical and Surgical *(annual limit $10,000)*
	☐	☐	☐	☐	Equine Medical and Surgical *(annual limit $15,000)*
	☐	☐	☐	☐	External Injury Only Loss of Use (Plan B)
	☐	☐	☐	☐	Stallion Infertility for A, S & D
	☐	☐	☐	☐	Third Party Liability
	☐	☐	☐	☐	Territorial Limits Including Transit *(Must complete question 11 above.)*

Standard mortality policy includes Colic Surgery Coverage, Guaranteed Extension, and Value Endorsement.