

Equine Rescue Operations - Supplemental Application

EQUINE INSURANCE SPECIALISTS

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Lexington, KY 40583-2440

TEL: 800-723-9414 FAX: 866-207-6953
www.insureyourhorse.com



Producer: _____ Number: _____

Current Policy #: _____

Requested Effective Date: _____

Submit early to avoid missing event dates.

Insured: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Supplemental Application for Equine Rescue Operations

1. Do the owners of first time rescue horses willingly turn them over to you, or are some confiscated against the owners wishes, with or without the assistance of law enforcement?

2. Do any of the horses come directly from the race track?

3. Do you have possession of all horses or are some kept at foster facilities? _____

- o Number of rescue horses kept at insured's premises: _____
- o Number of rescue horses kept at foster facilities: _____

4. Assuming all suitable rescue horses are available for sale, is the sale final or does the insured retain legal ownership?

- o Anticipated number of horses sold or adopted annually: _____
- o Number of horses currently adopted out where you still retain legal ownership: _____

5. Does your adoption contract grant you the right to take a horse back if you determine the owner / adopter is not complying with the terms of the agreement? If so, how do these procedures differ from those described in the answer to the first question?

Additional Comments:

Please send copies of all documents and contracts related to the rescue and rehabilitation activities.

(Must be signed and dated)

Insured's Signature: _____

Print name: _____ Date: _____