

# All-Around Horse Supplemental Application

**Equine Insurance Specialists**  
**P.O. Box 12440**  
**Lexington, KY 40583-2440**

**Tel: 800-723-9414**  
**Fax: 866-207-6953**  
**www.insureyourhorse.com**

Name of Insured: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Registration Number: \_\_\_\_\_

*The above horse is shown in the following classes:*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Halter                | <input type="checkbox"/> Pole Bending        | <input type="checkbox"/> Hunter Hack            |
| <input type="checkbox"/> Showmanship at Halter | <input type="checkbox"/> Reining             | <input type="checkbox"/> Hunt Seat Equitation   |
| <input type="checkbox"/> Cutting               | <input type="checkbox"/> Western Riding      | <input type="checkbox"/> Equitation over Fences |
| <input type="checkbox"/> Working Cow Horse     | <input type="checkbox"/> Trail               | <input type="checkbox"/> Pleasure Driving       |
| <input type="checkbox"/> Calf Roping           | <input type="checkbox"/> Horsemanship        | <input type="checkbox"/> Team Penning           |
| <input type="checkbox"/> Breakaway Roping      | <input type="checkbox"/> Western Pleasure    | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Heading               | <input type="checkbox"/> Hunter Under Saddle | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Heeling               | <input type="checkbox"/> Jumping             |   |
| <input type="checkbox"/> Barrel Racing         | <input type="checkbox"/> Working Hunter      |   |

**PERFORMANCE RECORD** *(Attach separate sheet if necessary or include association records. Also include show ratings / level where applicable.)*

Show / Competition	Date	Class / Division	# of Horses	Placing	Winnings (\$)	Points

Other additional information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 animal*

\_\_\_\_\_  
*Date*