

# SUPPLEMENTAL APPLICATION FOR STALLION INFERTILITY

**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: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_ Insured Value: \_\_\_\_\_

Previous Season	
Breeding season start and end dates	
Stud fee	
Is stud fee due prior to or after foal is born?	
Live Foal Guarantee?	
Pasture bred, in-hand live cover or AI?	
Number of mares bred	
Number of mares settled	
Current / Upcoming Season *	
Breeding season start and end dates	
Stud fee	
Is stud fee due prior to or after foal is born?	
Live Foal Guarantee?	
Pasture bred, in-hand live cover or AI?	
Number of mares bred to date	
Number of mares settled to date	
Number of foals born to date (from previous season's breedings)	
Number of mares still due to foal (from previous season's breedings)	
Amount earned in current season to date	
Bookings for remainder of current season	
Bookings for upcoming season	

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

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