THE HARTFORD - LIVESTOCK DEPARTMENT
(800)-295-1815
www.hartfordlivestock.com

THE HARTFORD

STALLION INFERTILITY
(Accident, Sickness, and Disease)

This document forms part of the Animal Mortality Application
(to be completed by the applicant)

Producer's Name	Equine Insurance Specialists	Applicant's Name	
Agency Code	132113	Mail Address	
Mail Address	PO Box 12440	City, ST Zip	
City, ST Zip	Lexington, KY 40583-2440	Phone	
Phone	(800) 723-9414	Fax	
Fax	(866) 207-6953	E-Mail Address	
E-mail Address	mortality@insureyourhorse.com		

Check one: ☐New ☐Renewal ☐Endorsement Policy Number (If available) _____
Name of Horse: _____ Registration Number: _____
Breed: _____ Date of Birth: _____
Sire: _____ Dam: _____

1. Dates of Service Season: Beginning _____ Ending _____
2. Is Stud Fee on "no foal-no fee" basis ☐ Yes ☐ No
3. Is service ☐ Live Cover ☐ A.I.
4. Number of mares settled*: _____
5. Number of foals born: _____

*Coverage not available for stallions in their first breeding season.

Stallion Records

Current Season					
Number of Mares Bred			Number of Mares Booked		
Total Number	Stud Fee	Amount Earned	Total Number Remaining	Stud Fee	Projected Earnings
	$	$		$	$

Last Season			Next Season		
Number of Mares Bred			Number of Mares Booked		
Total Number	Stud Fee	Amount Earned	Total Number	Stud Fee	Projected Earnings
	$	$		$	$

Does this stallion have any problems, medical or otherwise, that have affected or could affect breeding?..... ☐Yes ☐No
If Yes, complete the section below:

Date	Description of Problem	Description of Treatment	Problem Resolved	If Yes, how can this be verified?
			☐Yes ☐No	
			☐Yes ☐No	
			☐Yes ☐No	
			☐Yes ☐No	
			☐Yes ☐No	
			☐Yes ☐No	

Must also complete and attach Breeding Soundness Evaluation (LS 16 27).

Applicant declares the above statements are true and complete, and that no material information was withheld.

_____ _____
Applicants Signature Date

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