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HORSES IN TRANSIT APPLICATION

NAME OF ASSURED: _____

ADDRESS: _____

NAME OF HORSE*: _____

IF NOT NAMED SIRE OF HORSE _____

DAM OF HORSE _____

YEAR OF BIRTH _____ SEX/BREED _____

PURCHASE PRICE AND/OR JUSTIFICATION OF VALUE _____

*PLEASE COMPLETE THE ATTACHED FORM IF SCHEDULE OF HORSES IS TO BE INSURED.

PERIOD OF TRAVEL ORIGIN _____

DESTINATION _____

IF APPLICABLE VIA _____

AIRLINE/AIRCRAFT TO BE USED _____

QUARANTINE PERIOD AFTER ARRIVAL _____ DAYS

POLICY PERIOD FROM _____ TO _____

TOTAL NUMBER OF DAYS FOR INSURANCE _____ DAYS

SUM INSURED _____

IS 12 MONTHS INSURANCE REQUIRED? YES / NO

SIGNED BY _____ DESIGNATION _____

PLEASE PRINT NAME _____ DATE: _____

POLICY NO: _____ CERTIFICATE NO: _____