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STALLION INFERTILITY FOR ACCIDENT, SICKNESS AND DISEASE SUPPLEMENTAL APPLICATION

Name Insured: _____ Phone Number _____

Address: _____

Name of Horse: _____ Breed: _____ Date of Birth: _____

Registration Number: _____ Current Value: _____ Insured Value: _____

Dates of beginning and ending of service season	
Stud fee this season / Fee last season	
Is stud fee on "no foal – no fee" basis?	
Is service live cover or AI?	
Number of mares bred last full season	
Number of mares settled*	
Number of foals born	
Amount actually earned in last full season	
Amount actually earned in current season to date	
Bookings for remainder of current season	
Bookings for next season	

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

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
*(must be no more than 30 days
prior to coverage effective date)*