



JERRY PARKS EQUINE INSURANCE, INC.
PARKS INSURANCE CORPORATION

901 SW 60th Ave.
P.O. Box 770788
Ocala, FL 34477-0788
Telephone 352 237 2164
Fax 352 873-0888

APPLICATION FOR EQUINE INSURANCE

Circle and Initial Here if you want to include SURGICAL or MAJOR MEDICAL with your Full Mortality Coverage.

Values other than the purchase price are subject to acceptance by the company, details of prize winnings, performance, service fee, number of bookings and other pertinent information must be submitted for consideration of stated values. No application will be considered if not fully completed, signed by the Insured, and accompanied by either a fully completed statement of condition signed by the Insured and/or a fully completed vet certificate signed by a veterinarian.

- 1. Applicant Occupation
2. Address City State Zip
3. Telephone: Days Evenings
4. Email

APPLICANT MUST COMPLETE ALL QUESTIONS AND SIGN BELOW.

Table with 10 columns: Name of Horse (Sire x Dam), Reg. Or Tattoo No., Sex, Breed, Use, Birth Date, Date of Purchase, Auction or Private, Purchase Price or Stud Fee, Amount of Insurance Requested. Rows A, B, C.

- 4. Was purchase price cash, trade or both?
5. Is there any other insurance applying to the animal(s) listed?
6. If not sole owner of animal(s), state full details of designated owners including complete address and phone.
7. If the animal(s) are under contract for lease and/or financed, give details.
8. Has any insurance company cancelled or declined this or previous livestock insurance?
9. Have any of the listed animal(s) had an illness, disease, lameness, injury, accident or physical disability in the past 3 years?
10. Are any of the above named animals currently receiving medication(s) on a regular basis?
11. Has there been any contagious or infectious disease on your premises during the last year?
12. For all Quarter Horses, Appaloosas or Paint horses: a) does animal(s) have pedigree link to HYPP?
13. Where are animal(s) located? Who has care, custody and control of them?
14. Have any animal(s) in your care or ownership died in the past 3 years?
15. Have you any other horses not being insured?
16. Is animal(s) on a regular worming and vaccination program?
17. Previous insurance in effect on the animal(s) last year?
18. Please list name and phone of your usual veterinarian if not listed on the accompanying vet certificate.
19. How were you referred to our Agency?

NOTICE: No animal will be bound for full mortality coverage until this application has been properly completed and received by this office and a current statement of condition or vet check covering such animal(s) has been received by this office. Pending actual receipt of the aforementioned paperwork, this office will bind coverage against specified perils only. Premium payment with application-minimum earned policy premium is \$200.00. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICATION AND ANY ACCOMPANYING PAPERWORK MUST BE CURRENT AND IN OUR OFFICE WITHIN 10 DAYS.

Print Name Signed Date