
COVERAGE REQUEST

Equine Insurance Specialists
P.O. Box 12440
Lexington, KY 40583-2440

Tel: 800-723-9414
Fax: 866-207-6953
www.insureyourhorse.com

Your Name: _____

Desired Effective Date: _____

No coverage may be considered bound until you receive confirmation from Equine Insurance Specialists.

METHOD OF PAYMENT AND AMOUNT ENCLOSED

CHECK BY FAX

Payment by check is being made via fax in the amount of \$_____

Attach a copy of the signed and completed check to this form and fax to (866) 207-6953 and retain for your records.
Do not mail the original to us.

DO NOT MAIL – DO NOT MAIL – DO NOT MAIL – DO NOT MAIL – DO NOT MAIL – DO NOT MAIL

<p style="text-align: center;"><i>FOR USE WITH CHECK BY FAX</i></p> <p style="text-align: center;"><i>Affix your completed, signed check and fax to (866) 207-6953.</i></p> <p style="text-align: center;"><i>DO NOT MAIL YOUR CHECK TO US!</i></p>
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