

# HYP P DISCLOSURE

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

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

Name and Address of Owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Business Telephone: (     ) \_\_\_\_\_  
Home Telephone:     (     ) \_\_\_\_\_  
Fax Telephone:       (     ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Broker's Name: \_\_\_\_\_

Name of Horse	Breed	Sex*	Date of Birth
A.			
B.			
C.			
D.			

\* G-Gelding, M-Mare, S-Stallion

1. For all Quarter Horses, Appaloosas, or Paint horses. Does any horse have an ancestor known to carry HYP P?  
Please indicate "Yes" or "No" for each horse.

If "Yes" is answered for any horse, please indicate the HYP P status (N/N, N/H, H/H) for each horse.  
(Note: Coverage will not be considered without the disclosure of HYP P status.)

Additional information or comments: \_\_\_\_\_

## DECLARATION

*I, the undersigned, hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the Policy to be issued, and I declare to the best of my knowledge and belief that the above statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and if anything be falsely stated or information withheld to influence the Company's decision, the insurance contract will be null and void.*

\_\_\_\_\_  
**Signature of owner(s) of above named animals**

Date: \_\_\_\_\_

**Owners please note, the older version of our mortality application did not address the HYP P status of your Quarter Horse, Appaloosa or Paint. Without this information, your mortality policy will contain an HYP P exclusion.**