

SCHEDULE OF HORSES

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: () _____
 Broker's Name: _____
 Last Year's Policy Number: _____
 ♦ Desired Effective Date: _____

Email Address: _____

Name of Horse	Breed	Sex*	Exact Use	Level	Date of Birth	Purchase Date	Purchase Price	Insured Amount**†
A.								
B.								
C.								
D.								
E.								
F.								
G.								
H.								
I.								
J.								
K.								
L.								
M.								
N.								
O.								
P.								
Q.								
R.								
S.								
T.								
U.								
V.								
W.								
X.								
Y.								
Z.								

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

** If requested value exceeds the purchase price, please provide explanation of value (i.e. competition record, appraisal, training, etc.)

† Insured amount should not exceed the horse's current fair market value.

Loss Payee or Additional Insured Name: _____
(Please indicate on which horses Loss Payee or Additional Insured Name applies.)
