



**INTERCITY<sup>®</sup>  
INSURANCE  
SERVICES**

**EQUI-CARE MORTALITY APPLICATION  
(One Per Horse)**

15221 Yonge Street, Aurora ON L4G1L8  
PHONE: (905) 841-8200 FAX: (905) 841-0030 TOLL FREE: 1-888-394-3330  
[www.intercityinsurance.com](http://www.intercityinsurance.com) Email: [forms@intercityinsurance.com](mailto:forms@intercityinsurance.com)

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_  
Cell # \_\_\_\_\_ What Provincial Equine Association are you a member of? \_\_\_\_\_

**NAME OF HORSE** \_\_\_\_\_

SEX	BREED	COLOUR	YEAR FOALED
DATE OF PURCHASE	PURCHASE PRICE	USE OF HORSE /Discipline	REGISTRATION/TATTOO #

Who was horse acquired from? \_\_\_\_\_  
Are you the sole owner?  Yes  No If NO, state name and address of designated parties and their financial interest (i.e.: Lessor, Syndicate, etc) \_\_\_\_\_

Are regular inoculations and worming current?  Yes  No Any illnesses or injuries to the above horse within the last 3 years?  Yes  No  
Did any horse die or sustain injury while in your care, custody or control in the last 3 years?  Yes  No If yes, describe \_\_\_\_\_

Name/Address/Phone # of individual/stable who cares for this horse \_\_\_\_\_  
Is above horse currently insured?  Yes  No Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_ Expiry \_\_\_\_\_  
Any insurance claims in the last 5 years?  Yes  No If YES, describe \_\_\_\_\_  
Have you claimed any Veterinary Expenses in the last 3 years?  Yes  No If YES, describe \_\_\_\_\_

**Has the horse received any performance enhancing or maintenance procedures or treatments, including intramuscular and/or joint injections, any type of medication long or short term, or any preventative treatments in the last twelve months**  Yes  No  
If Yes, explain \_\_\_\_\_

COVERAGE	LIMIT	PREMIUM
Pick one only: <input type="checkbox"/> FULL MORTALITY OR <input type="checkbox"/> NAMED PERILS	\$ _____	\$ _____
MAJOR MEDICAL / SURGICAL *	\$ 5,000.	\$250.
MAJOR MEDICAL / SURGICAL *	\$ 10,000.	\$350.
* Eligibility for Medical Extension is limited to horses insured for Full Mortality valued at \$5,000 or more. Loss settlement will not exceed Mortality limit.		\$ _____
Stallion Infertility <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
World Wide and Air Transit including Berserk <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____

<b><u>POLICY SUBJECT TO \$240 MINIMUM &amp; RETAINED PREMIUM</u></b>	PREMIUM SUB-TOTAL: \$ _____
	ONTARIO RESIDENTS ADD 8% PST: \$ _____
	TOTAL POLICY PREMIUM: \$ _____

**DECLARATION OF OWNER**

I/We understand and agree that the policy to be issued shall be founded upon the statements contained herein; that animals having heaves or vicious habits, that animals which are colickers or emphysematous or bleeders or blind or nerved or orphaned foals under 90 days of age are not insurable, that no operation shall be performed on the insured animal without the consent of the company unless the operation is necessary as a result of an insured peril. I/We understand and agree that immediate notice and full details of any lameness, illness, injury or death of the insured animal will be given to the insuring company. I/We agree that this application is the basis of the contract and if anything is falsely stated or information withheld to influence the company's decision, the insurance contract shall be null and void. It is understood that the signing and filing of the application does not bind the company and no insurance shall be effective until this application is accepted by the company based on the information declared.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE SIGNED \_\_\_\_\_ POLICY EFFECTIVE DATE (MM/DD/YYYY) \_\_\_\_\_

Please call our office to provide credit card details #1-888-394-3330.

**COVERAGE WILL NOT BE EFFECTIVE UNTIL PAYMENT METHOD HAS BEEN CONFIRMED**

**\*\* VETERINARIAN CERTIFICATES MUST BE RECEIVED BY INTERCITY WITHIN 30 DAYS OF EXAMINATION OR WILL BE CONSIDERED VOID\*\***