



Insurance Agency LLP
AlbrachtInsurance.com

AlbrachtInsurance.com
P.O. Box 999
Springtown, TX 76082
1-800-227-8808 · Fax 817-523-4258

Applicant _____ Telephone Number _____

Fax Number _____ Mobile _____ Work _____

Address _____

Mortgagee Address _____ Email _____

Coverage Applied For: Full Mortality _____ Other _____ Desired Effective Date _____

Name of Horse		Registration Number		Sire	Dam
Sex	Breed	Birth Date	Date Aquired	Purchase Price \$ _____ ____ Cash ____ Check	Use and Function
How Aquired? ____ Auction ____ Private ____ Other		Aquired From		Desired Insurance Amount	Rate Charged

Justification of Value (if desired amount of Insurance exceeds Purchase Price) _____

If stallion, advise service fee and number of bookings _____

Is the horse being leased? _____

Has any similar insurance been declined or cancelled? _____

Has the horse ever suffered any accident, disease or sickness? _____

List inoculation in the last 12 months-include dates _____ West Nile _____

Has any horse died in your care or ownership in the last 3 years? _____

Name and address of your usual veterinarian _____

IMPORTANT: ANY HORSE THAT HAS BEEN NERVED AT OR ABOVE THE FETLOCK, OR THAT HAS PREVIOUSLY SUFFERED FROM AN ATTACK OF COLIC MAY NOT BE INSURABLE

I declare the above information confirms my knowledge and that I have not been refused this insurance elsewhere and that no other insurance is in effect. That I am the sole owner unless otherwise indicated, that insurance values requested are not in excess of fair market value or recent appraisal and that I have made the examining veterinarian fully aware of all matters pertaining to the health status of all the animals to be insured, to the best of my knowledge. **Warning :** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Date _____ Applicant Signature _____

**Application NOT VALID unless FULLY COMPLETED, SIGNED and DATED BY the APPLICANT
PAYMENT MUST ACCOMPANY APPLICATION**