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Applicant(s) \_\_\_\_\_ Phone# (home/cell) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ (work/other) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Desired Effective Date (subject to approval) \_\_\_\_\_

**COVERAGE applied for: Full Mortality/Theft** \_\_\_\_\_ **Major Medical (7,500)** \_\_\_\_\_ **(10,000)** \_\_\_\_\_ **Other** \_\_\_\_\_

Name of Horse		Registration Number	Sire	Dam	
Sex (circle one) Filly _____ Colt _____ Geld _____ Mare _____ Stallion _____	Breed	Date of Birth	Date Acquired	Purchase Price \$ _____ Cash _____ Check _____	Use and Function
How acquired? Auction _____ Private _____ Other _____		Acquired From		Desired Insurance Amount **	Rate

**\*\* If you are insuring your horse for more than the purchase price, the amount of insurance must be justified by show record, training expenses, race winnings, stud fee paid if mare is in foal, etc. Please explain below and attach any records/information necessary to justify value.**

**Justification of Value**

If stallion, advise service fee and number of bookings \_\_\_\_\_  
 List inoculation(s) in the last 12 months - include date \_\_\_\_\_ West Nile \_\_\_\_\_  
 Name & address of your usual veterinarian \_\_\_\_\_

*Please answer the following questions. Explain any "yes" answers (use separate piece of paper if necessary).*

Is horse being leased? If so, from whom? \_\_\_\_\_  
 Is there a lien on the horse? If so, please provide name and address of lienholder. \_\_\_\_\_  
 Has any similar insurance been declined or cancelled? \_\_\_\_\_  
 Has the horse ever suffered any accident, disease or sickness? \_\_\_\_\_  
 Has any horse died in your care or ownership in the last 3 years? \_\_\_\_\_

**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 that, to the best of my knowledge: The above information is correct. 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. That I have, to the best of my knowledge, made the examining veterinarian fully aware of any and all matters pertaining to the health status of this animal. **WARNING:** Any person who knowingly, and with the 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.

Applicant(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Application NOT VALID unless FULLY COMPLETED, DATED and SIGNED by APPLICANT.  
**PAYMENT MUST BE RECEIVED IN ORDER TO BIND COVERAGE**