

Tack & Equipment Application

Horse Insurance Specialists, Inc.
1013 S. Hwy 377
Pilot Point, TX 76258
800-346-3271 Fax 940-686-5375
www.horse-insurance.com



Policy/Renewal # _____

Desired Effective Date: _____

Applicant: _____ Farm Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email: _____

Date of Birth: _____ Social Security # (required for insurance credit score): _____

Location Address #1: _____ County: _____ Acres: _____

Location Address #2: _____ County: _____ Acres: _____

Does Insured: Own Lease
Type of Ownership: Individual Corporation Partnership Association

Past and/or current Insurance Company: _____ Annual Premium: \$ _____

Have you had any claims and/or reported incidents in the past 5 years? Yes No
If yes, explain all claims and/or incidents. Give dates, cause of loss, amounts paid.
Unless this is a new purchase, we will require loss runs from your previous carrier.

Have you had coverage cancelled or refused in the past 5 years? Yes No
If yes, explain:

Name and address of Loss Payee:

*Note items applicable to.

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Is any of the scheduled tack/equipment loaned or leased to others? Yes No
If "Yes", please describe.

