

Equine Mortality Questionnaire

Horse's Name: _____

Age of Horse: _____ Breed of Horse: _____

Horse Sex: Mare Gelding Stallion

Purchased Price of Horse: _____ Requested Price of Horse: _____

Type of Mortality Policy for Horse: Full – includes all perils Limited – limited perils

Type of Use: **please select only one.*

- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> All-around | <input type="checkbox"/> Breeding | <input type="checkbox"/> Show | <input type="checkbox"/> Breeding |
| <input type="checkbox"/> Cutting | <input type="checkbox"/> Dressage | <input type="checkbox"/> Performance | <input type="checkbox"/> Pleasure |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Eventing | <input type="checkbox"/> Walking Horses | <input type="checkbox"/> Racing |
| <input type="checkbox"/> Halter | <input type="checkbox"/> Hunter/Jumper | <input type="checkbox"/> Western Pleasure | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Barrel Racing & Pole Bending | <input type="checkbox"/> Polo Playing | | |

*Hunter/Jumpers & Eventing, specify height of jumps: _____

*Racing, specify type (ex. Trotter/Pacer under 6 yrs): _____

Additional Coverages Requested:

- Major Medical Coverage *specify coverage limit – \$5,000 \$7,500 \$10,000
 Surgical Expense
 Extended Renewal Protection
 Loss of Use

Horse Owner's Name: _____

Mailing Address: _____

E-mail Address: _____

Phone: _____ Fax: _____

Please return this by fax to (248) 373-5586 or by mail to:

Melissa P. Brownrigg
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