



Insurance
Equine

Equine

XL Catlin is a London market leader in Equine insurance.

We offer a broad range of flexible cover designed with the needs of horse owners in mind – whether it's cover one horse or a whole stable.

We're known for our risk management attitude on bloodstock insurance to help meet the needs of our clients and protect their equine investment.

Our personality presents a perfect balance of different skills – logic, intuition, analysis and imagination. Our experience and know-how combined with an innovative and technical approach allows us to deliver bespoke solutions that fit today's demanding and changing world.

We recognize our clients want continuity, dependability and stability from the service and cover we offer.

Coverage

Our products can provide specialist cover which may include:

- Equine Mortality
- Theft
- Veterinary fees
- Stallion permanent disability
- Stallion first season infertility
- Stallion availability
- Stallion loss of income
- Barrenness, Prospective foal
- Transits
- Equestrian Property
- Equestrian Liability
- International travel 'stay behind' costs

Particular Expertise for the following breeds and uses:

- Thoroughbreds
- Eventers
- Dressage
- Showjumping
- Leisure/Pleasure
- Standardbreds
- Quarter Horses
- Western Horses

Why choose XL Catlin

- We are the largest Lloyd's Syndicate in this class with a 30%+ market share
- Our underwriters have over 100 years of combined underwriting experience to meet your needs and expertly protect your equine investment
- Innovative approach to offering new coverages
- Responsive and available to Brokers at all times
- Underwriting hubs in London, Kentucky and New York
- We use a unique easy-access underwriting tool, in the US, (Equine Online)
- Equestrian specialists leading majority of high to low value business in Lloyd's
- Sophisticated and unique rate-modelling tools
- Access to our knowledgeable in-house claims team
- Easy to understand policy wordings
- Swift response to policy issues and claims

Financial Strength

XL Group Ltd's core operating insurance and reinsurance companies have one or more of the following financial strength ratings:

- 'A' rated by A.M. Best
- 'A+' rated by Fitch
- 'A2' rated by Moody's
- 'A+' rated by S&P

Contact us to find out more.

Niall McKibbin
Chief Underwriting Officer, Equine, Livestock & Aquaculture
Thoroughbreds, Equestrian, Sport Horses
+44 (0) 20 7458 5741
niall.mckibbin@xlcatlin.com

Guy Morrison
Global Product Leader, Equine
Thoroughbreds
+44 (0) 20 7621 4161
guy.morrison@xlcatlin.com

Ian Hull
Senior Class Underwriter
Thoroughbreds
+44 (0) 20 7933 7382
ian.hull@xlcatlin.com

Sarah Gearing
Class Underwriter
Equestrian, Sport Horses
+44 (0) 20 7458 5750
sarah.gearing@xlcatlin.com

Alycia Port
Underwriting Assistant
Equestrian, Sport Horses
+44 (0) 20 7578 9132
alycia.port@xlcatlin.com

20 Gracechurch Street, London EC3V 0BG, United Kingdom

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MAKE YOUR WORLD GO
xlcatlin.com



THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

Jackie Wade Equine Insurance
2869 Fred Everett Rd. / La Grange, NC 28551
Ph: 252-268-1530 * Fax: 888-840-9682
Email: jackiewadeeia@gmail.com

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APPLICATION FOR EQUINE INSURANCE

This is not a binder. No application will be considered if not fully completed and signed by the Insured

Desired Coverage Date _____

Owner's Name (as it should appear on the policy) _____

Address _____ City _____ State _____ Zip _____

Telephone: Daytime _____ Evening _____ Fax _____

Coverage Requested:	<input type="checkbox"/> Mortality	<input type="checkbox"/> Specified Perils	<input type="checkbox"/> Special Accident	<input type="checkbox"/> AS&D
	<input type="checkbox"/> Emergency Colic - \$5,000 limit-no charge or <input type="checkbox"/> Major Medical - \$7,500 limit/\$300 ded (\$300 add'l prem) or			
	<input type="checkbox"/> Major Medical - \$10,000 limit/\$500 ded (\$300 add'l prem) or <input type="checkbox"/> Major Medical - \$15,000 limit/\$500 ded (\$450 add'l prem)			

Name and Registration/Tattoo # (Sire and Dam if unnamed)	Age	Sex	Breed	Use	Purchase Date	Purchase Price	Insured Amount**	Rate

****Amounts other than purchase price are subject to Company acceptance. Please provide explanation of value.**

- Are you the sole owner of the horse(s)? _____ If not, list owners and addresses or lienholders/banks and address _____
- Usual location of horse(s), give address and phone number _____
- Name, address and telephone number of your usual veterinarian _____
- (a) Is horse(s) on vaccination and worming program approved by a vet? _____ Frequency? _____
(b) Has horse been vaccinated against West Nile Virus? Yes _____ No _____
- Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months? _____
- For all Quarter Horses, Appaloosas or Paint horses, does any horse(s) have an ancestor known to carry HYPP? _____ If yes, indicate the status for each horse (N/N, N/H, H/H) Note: H/H horses are not insurable. _____
- Are horse(s) presently insured? _____ Previously insured? _____ If yes to either questions, give name of company, date and amount _____
- Has any company cancelled or refused to renew your coverage? _____ If yes, give reason _____
- Has any horse(s) owned by you died within the past 24 months (whether or not insured)? Yes _____ No _____ If yes, state number of deaths and causes of death _____

DECLARATION OF HEALTH:

At inception of the policy, all animals must be sound, healthy and have no known injury, illness, lameness or disease. Any pre-existing conditions are not covered, unless otherwise noted and agreed to by the Company.

1. (a) Does the horse(s) have any history of injury, illness, lameness or disease (including melanomas, sarcoids, warts or other types of growth)? _____
If yes, give details, including date _____
(b) Does the horse(s) have any conformation issues that could affect its ability to be used for the intended use? _____ If yes, give details _____

(c) Any laminitis/founder, OCD, navicular disease, degenerative joint disease and/or neurologic disorders? _____ If yes, explain _____

2. (a) Has the horse(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative vaccinations) or are they unsound in any way? _____
(b) Does the horse(s) receive any medications/supplements? If yes, explain _____
3. Has any horse(s) suffered from colic or any other gastro-intestinal related illness in the past 2 years? _____ If yes, give details, including dates _____
4. Has any horse(s) been examined or treated by a veterinarian for other than routine care? If yes, explain and give dates. _____

5. (a) Has any horse(s) undergone surgery (other than castration), been fired, blistered or nerved? Yes _____ No _____
(b) Has the horse(s) undergone diagnostic ultrasound, x-rays or bone scans within in the last 24 months? Yes _____ No _____
If the answer to 5(a) or 5(b) is yes, give details, including dates and results _____

6. Are there any other facts within your knowledge not already disclosed affecting or likely to affect the Company's acceptance of the proposed risk?

.....

Substantiation of value on any horse insured for more than the purchase price: _____

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Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.

I declare to the best of my knowledge and belief that the horse(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application for insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease or death of any insured horse. Not doing so may jeopardize coverage and result in denial of any claim made.

Signature of Applicant

Date Signed

JUSTIFICATION OF VALUE FORM

Applicant's/Insured's Name: _____ Horse's Name: _____
 Dam and Sire: _____ Horse's registration #: _____
 Horse's Current Use(s) (if breeding, also state previous use): _____
 Purchase Price: _____ Purchase Date: _____
 Seller's Name and address: _____

● **SHOW AND PERFORMANCE HORSES**

Show Record (It is preferable to attach a full official show record instead of completing below)

DATE	NAME OF SHOW/COMPETITION	SHOW RATING	CLASS/DIVISION	PLACE	NUMBER IN CLASS	TOTAL WINNINGS
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

Training History (For training fees only. Do not include board, vet, farrier or other charges).

Trainer's name: _____ Training address: _____
 Dates in training: _____ Charge per month: _____

● **BROODMARE**

For broodmare, in addition to the show record, list the following information for the last four foals:

YEAR BORN	SIRE	STUD FEE PAID	SALE PRICE
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Please attach any additional relevant information such as offspring performance records or complete produce records.

● **STALLION**

For stallion, list last three years' stud fees, number of mares bred each year, and actual dollar amount of stud fee income collected from mares not owned by you:

YEAR	STUD FEE	NUMBER OF MARES	NUMBER OF OUTSIDE MARES	STUD FEE INCOME FROM OUTSIDE MARES*
_____	\$ _____	_____	_____	\$ _____
_____	\$ _____	_____	_____	\$ _____
_____	\$ _____	_____	_____	\$ _____

*For stud fee income above, state the net income **after any stud fee discounts and breeding operation expenses.**

State number of outside mares booked for the upcoming/current breeding season: _____

Has any of stallion's sperm been frozen? Yes No If yes, approximate number of insemination doses? _____

● **ADDITIONAL COMMENTS:** _____

I hereby represent and certify that the above information and any information attached hereto is true and correct.

SIGNATURE OF APPLICANT/INSURED: _____ DATE: _____