

INSURANCE CORPORATION OF HANNOVER

**STALLION INFERTILITY  
FOR ACCIDENT, SICKNESS AND DISEASE  
SUPPLEMENTAL APPLICATION**

Name of Insured: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Current Value: \_\_\_\_\_ Insured Value: \_\_\_\_\_

Dates of beginning and ending of service season	
Stud fee this season / Fee last season	
Is stud fee on "no foal – no fee" basis?	
Is service live cover or AI?	
Number of mares bred last full season	
Number of mares settled*	
Number of foals born	
Amount actually earned in last full season	
Amount actually earned in current season to date	
Bookings for remainder of current season	
Bookings for next season	

*\*AS&D Coverage is not available for stallions in their first breeding season.*

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

\_\_\_\_\_  
*Signature of owner (s) of above named animal*

\_\_\_\_\_  
**Date**  
*(must be no more than 30 days  
prior to coverage effective date)*