LRMS Insurance Services Ltd.
Attn: Anja Ruppert
TEL: 0044 1284 747 090
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HORSES IN TRANSIT APPLICATION FORM

NAME OF ASSURED:_____

ADDRESS:
_____

_____

NAME OF HORSE*:_____

IF NOT NAMED SIRE OF HORSE_____

DAM OF HORSE_____

YEAR OF BIRTH_____ SEX/BREED_____

PURCHASE PRICE AND/OR JUSTIFICATION OF VALUE _____

*PLEASE COMPLETE THE ATTACHED FORM IF SCHEDULE OF HORSES IS TO BE INSURED.

PERIOD OF TRAVEL ORIGIN_____

DESTINATION_____

IF APPLICABLE VIA_____

AIRLINE/AIRCRAFT TO BE USED_____

QUARANTINE PERIOD AFTER ARRIVAL_____ DAYS

POLICY PERIOD FROM _____ TO_____

TOTAL NUMBER OF DAYS FOR INSURANCE _____ DAYS

SUM INSURED _____

IS 12 MONTHS INSURANCE REQUIRED? YES / NO

SIGNED BY_____ DESIGNATION_____

PLEASE PRINT NAME_____ DATE:_____

POLICY NO: _____ CERTIFICATE NO: _____