

**INDEPENDENT EQUINE AGENTS**  
10234 SHELBYVILLE RD #2A  
LOUISVILLE KY 40223  
(502) 245-6878 / (800) 346-8880

**NAMED INSURED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**NAME OF PERSON REPORTING CLAIM:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**NAME OF ANIMAL:** \_\_\_\_\_

**BREED:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**LOCATION OF ANIMAL: (If at farm, contact person & phone number. If at racetrack, Barn # & trainer's name)**

\_\_\_\_\_  
\_\_\_\_\_

**ATTENDING VET:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**CLINIC NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**REASON FOR CLAIM (INJURY, ILLNESS, ETC):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE HORSE WAS FIRST TREATED:** \_\_\_\_\_