

HEALTH STATEMENT OF CONDITION

NAME OF APPLICANT _____ PHONE NO. _____

ADDRESS _____

CHECK OPTIONAL COVERAGES DESIRED

- Surgical Only Colic Only Accident & Illness Territory Extension/Transit Stallion ASD
 Medical Assistance Loss of Use (prior approval required) Other

Major Medical (includes surgical/colic) Limits: ___\$7,500 ___\$10,000 ___\$15,000

EFFECTIVE DATE DESIRED _____

HORSES TO BE INSURED FOR FULL MORTALITY

NAME OF ANIMAL	BREED / DATE OF BIRTH / SEX / USE
1. _____	_____
2. _____	_____
3. _____	_____

- | | Horse #1 | Horse #2 | Horse #3 |
|---|--|--|--|
| 1. Is the horse currently sound and healthy for the use intended? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or degenerative joint disease? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Has the horse had any colic or intestinal disorder? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Has the horse been nerved, undergone diagnostic ultrasound or X-rays, or received any surgical treatment for lameness? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Has the horse received any joint injections, preventative treatments or medications in the last 12 months? <u>(Specify type of medication and if for maintenance only.)</u> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

7. If "yes" was answered to any question 2 through 7, please provide details below.

I declare to the best of my knowledge and belief that the animal(s) listed on the above schedule are in normal, healthy and sound condition and have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT except as expressly noted above. I understand and agree that this Statement of Condition shall be the basis of the Insurance contract and if anything is falsely stated or if information is withheld to influence the insurance Company's decision to issue coverage, the Insurance contract will be null and void.

DATE SIGNED _____

SIGNATURE OF APPLICANT _____