

Please provide as many details on your horse(s) as possible in the following categories:

Show Record: \_\_\_\_\_

Training Record: \_\_\_\_\_

Stallion/Mare Produce Record: \_\_\_\_\_

Racing Record: \_\_\_\_\_

Attach additional sheets as required.

## STATEMENT OF HEALTH

Insured \_\_\_\_\_

Address \_\_\_\_\_

	Name of Horse	Sex*	Breed or Class	Color	Age	Amount	Use
A)	_____	_____	_____	_____	_____	_____	_____
B)	_____	_____	_____	_____	_____	_____	_____
C)	_____	_____	_____	_____	_____	_____	_____

\*Mare-M; Stallion-S; Gelding-G; Filly-F; Colt-C

	Horse A	Horse B	Horse C
1) Is the horse currently sound and healthy for 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) For all Quarter Horses, Appaloosas, or Paint horses. Does the horse have an ancestor known to carry HYPP? If "Yes" is answered, please indicate the HYPP status. (circle one) <i>(Note: Coverage will not be considered without disclosure of HYPP status.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/N N/H H/H	Yes <input type="checkbox"/> No <input type="checkbox"/> N/N N/H H/H	Yes <input type="checkbox"/> No <input type="checkbox"/> N/N N/H H/H
3) 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"/>
4) Has the horse been treated for hoof problems, founder/laminitis, or rotation of the coffin bone?	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 had any colic or intestinal disorder within the last 36 months?	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 ever had colic surgery? If so, please provide the name of the facility.	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) Has the horse been nerved 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"/>
8) 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"/>
9) Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Has the horse received any type of medication long or short term, or any preventative treatments in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11) Has the horse received any joint injections in the last 12 months? If yes, please specify joints injected, dates and reasons for injections below.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12) Is there now any contagious or infectious disease on the premises, or has there been during the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Explain any "yes" answers. Please include onset date, diagnosis, treatment, how condition was resolved and when the horse returned to full work. \_\_\_\_\_

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 \_\_\_\_\_

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