Statement of Health (Renewals) - Equine Mortality

This is not a binder. No application will be considered if not fully completed and signed.

MABERRY INSURANCE

Owners Name: _____ **Policy Number:** _____

Address: _____

Phone Number: _____ **Email:** _____

Horse Name *or* Sire Name/Dam Name	Date of Birth	Breed	Sex	Use

❑ Renew/rebind at Current Value $ _____

❑ Increase Value to**: $** _____ **(Please provide explanation of values, i.e. show record, breeding stats, etc.)**

NOTE: The Company may still require the completion and acceptance of a Veterinary Certificate and/or a Health Recovery Form, in addition to the questions to be answered below.

1. To the best of your knowledge, is the above horse at present normal in eyes, wind, and action, and does it, in your opinion, represent a normal risk for Mortality insurance purposes? ❑ Yes ❑ No
   If no, please give details: _____
2. Has the above horse suffered from colic or any other colic related illness at any time? ❑ Yes ❑ No
   If yes, please give details: _____
3. Has the above horse suffered from any other injury, illness or disease or undergone any surgery at any time? ❑ Yes ❑ No
   If yes, please give details: _____
4. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the horse is kept? ❑ Yes ❑ No
   If yes, please give details: _____
5. Has the above horse been castrated, fired, blistered, denerved, operated on, or received treatment for lameness? ❑ Yes ❑ No this application?
   If yes, please give details: _____
6. Does the horse have faulty conformation that could affect its ability to be used for the purpose described above? ❑ Yes ❑ No
   If yes, please give details: _____
7. Has the above horse been examined by a veterinarian at any time other than for normal routine maintenance? ❑ Yes ❑ No
   If yes, please give details: _____
8. If mare, is horse in foal? ❑ Yes ❑ No ❑ N/A-male *If yes, please provide name of covering stallion:* _____
9. Name and address of person who has care, custody and control: _____

   _____
10. If you answered "yes" to any of questions 2-7 above, please indicate if the animal has fully recovered. ❑ Yes ❑ No
    If no, please give details: _____

I hereby certify that to the best of my knowledge and belief, the information provided is true and correct, and that no information, which would materially affect this insurance, has been withheld.

Signature: _____ Date: _____

Please check one: ❑ Insured ❑ Trainer ❑ Manager

Note:*The information given in this declaration should be provided by the person having care, custody and control of the animal and forms the basis of the insurance contract. Incorrect answers could invalidate the policy.*