

Statement of Health (Additions, Increases, and Amendments)

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



Name Insured: _____ Current Policy #: _____

I. Horse Information

Horse Name: _____ Registration #: _____ Color: _____

For any unnamed foal, provide: Sire Name: _____ Dam Name: _____

Date of Birth	Breed	Sex	Use	Purchase Price	Purchase Date	Amount of Insurance
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Medical/Surgical Limit _____ If mare, is horse in foal? ☐ Yes ☐ No If yes, due date: _____

1. a. Are you the sole owner? ☐ Yes ☐ No b. If no, provide other party's name: _____

2. a. Is horse being leased to or from another party? ☐ Yes ☐ No b. If yes, please provide the lease agreement.

3. a. Is horse in competition? ☐ Yes ☐ No b. If no, attach justification of value.

4. a. Do you have care, custody, and control of this horse? ☐ Yes ☐ No

b. If no, provide name and address of person who does: _____

II. Declaration of Health (to be completed by the Applicant)

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

1. Is horse on inoculation and worming program approved by a veterinarian? ☐ Yes ☐ No

2. Does horse have any history of injury, illness, lameness, or disease? ☐ Yes ☐ No

3. Has horse suffered from colic or any other gastro-intestinal related illness? ☐ Yes ☐ No

4. Has horse undergone surgery (other than castration), been fired, blistered, nerved, treated or examined for lameness? ☐ Yes ☐ No

5. Does the horse have conformation that could affect its ability to be used for the purpose described on this application? ☐ Yes ☐ No

6. Has horse been examined by a veterinarian for anything other than routine care? ☐ Yes ☐ No

Note: If seen for a pre-purchase exam, please submit a copy.

7. (a) Has horse received any joint injections? ☐ Yes ☐ No

(b) Are injections routine/maintenance only? ☐ Yes ☐ No

8. Does horse receive any medication? ☐ Yes ☐ No

9. Has the horse undergone diagnostic ultrasounds, CT or Bone scans, MRI's, or X-rays? ☐ Yes ☐ No

10. If yes to questions numbered 2-9 above, please provide details including date(s), diagnosis, treatment, and recovery.

11. a. American Quarter Horse/Appaloosa/Paint Horse: Does pedigree have HYPP linkage? ☐ Yes ☐ No

b. If yes, provide date of testing, results and if N/H, has the horse experienced any episodes? _____

Note: H/H horses are not insurable.

III. Signature

The Applicant hereby applies for Equine Mortality and Limited Theft/Unlawful Removal coverage and understands that signing this Application does not bind the undersigned to purchase or the Insurer to sell any insurance policy. If a policy is issued, this Application and its attachments shall be the basis of such policy and shall be deemed attached to and shall form part of such policy. In making this application, the Policyholder represents that the statements in this Application and its attachments are true and complete and that the undersigned has the authority to bind the Policyholder to the proposed Policy. If there are material changes to any statements in this Application or its attachments prior to the inception date of the policy, the undersigned shall immediately notify the Insurer of such changes. Upon receipt of such notification, the Insurer shall have the right to modify or withdraw any outstanding terms or proposal.

Applicant:

Signed: _____ Date: _____

Printed Name: _____ Title: _____