

Statement of Condition



Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
Office Phone: _____ Cell Phone: _____ Fax: _____ Email: _____

In order to renew your coverage, kindly sign and date this certificate after reading the Statement of Condition carefully. This certificate **MUST** be returned before the expiration date of the policy. Do not sign and return earlier than 30 days before the expiration date.

Horse Name	Use	Insurance Value
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1. Is the horse currently sound and healthy for use intended? Yes No

If **NO**, please explain: _____

2. Does the horse have any 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 disease? Yes No

If **YES**, please explain: _____

3. Has the horse had any colic or intestinal disorder within the last 12 months and if a surgical correction was made was there a resection? Yes No

If **YES**, please explain: _____

4. Has the horse been nerved or received any surgical treatment for lameness? Yes No

If **YES**, please explain: _____

5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year? Yes No

If **YES**, please explain: _____

6. Has the horse undergone diagnostic ultrasound or x-rays within the last 12 months? Yes No

If **YES**, please explain: _____

7. Has the horse received any joint injections, any type of medication long or short term, or preventative treatments in the last 12 months? Yes No

If **YES**, please explain: _____

Are horses leased to another person? _____

IF YES, COPY OF LEASE AGREEMENT IS REQUIRED.

Name & address of lessee: _____

Statement of Condition: I declare to the best of my knowledge and belief the animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely state or information withheld to influence the company's decision, the insurance contract will be null and void.

Date: _____ Signature of Insured: _____

Please do not sign and return earlier than 30 days prior to the expiration date. It must be received prior to the policy expiration.

Thank You For Your Business!