

Smith-Embry Insurance Associates, Inc.
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www.insurehorses.com

LIVESTOCK MORTALITY HEALTH STATEMENT

Agent Number: _____

ACCEPTED FOR HORSES VALUED UP TO \$50,000 (Age 30 days to 17 Years)

Name of Insured: _____ Desired Effective Date: _____

HORSE A

Name of Horse: _____ Breed: _____ Sex: _____ DOB/Age: _____

Horse's Exact or Intended Use: _____ Insured Value: \$ _____

HORSE B

Name of Horse: _____ Breed: _____ Sex: _____ DOB/Age: _____

Horse's Exact or Intended Use: _____ Insured Value: \$ _____

	<u>HORSE A</u>	<u>HORSE B</u>
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"/>
2. Does the horse have any past or present conformation problems, defects or ailments, 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"/>
3. 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"/>
4. 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"/>
5. Has the horse been examined or treated by a veterinarian for other than routine care within the last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Has the horse undergone diagnostic ultrasound or X-rays for other than breeding purposes in the last 36 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Has the horse received any joint injections, 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"/>
8. Does the horse receive any medication or supplement other than routine worming program & regular inoculations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are there any other current or prior health conditions to which the horse has been exposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Will the horse be outside the continental United States or Canada during the coverage period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "yes" was answered to any question(s) 2 through 10, please provide details below.

Indicate if Horse A or Horse B

Include date of any occurrence as well as last date of any medical treatment, medical treatment given and confirmation of full recovery

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 of owner(s) of above named animal

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