



LIVESTOCK MORTALITY HEALTH STATEMENT

Agent Number: 126

Accepted For Horses Valued Up to \$50,000 (Age 30 days -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: \$

- 1. Is the horse currently sound and healthy for the use intended?
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?
3. Has the horse had any colic or intestinal disorder within the last 36 months?
4. Has the horse been nerved or received any surgical treatment for lameness?
5. Has the horse been examined or treated by a veterinarian for other than routine care within the last year?
6. Has the horse undergone diagnostic ultrasound or X-rays for other than breeding purposes in the last 36 months?
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?
8. Does the horse receive any medication or supplement other than routine worming program & regular inoculations?
9. Are there any other current or prior health conditions to which the horse has been exposed?
10. Will the horse be outside the continental United States or Canada during the coverage period?

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)