



Declaration of Health for Renewal Mortality Policies

Important Information - Regarding Your Mortality Policy

PLEASE NOTE: The following Declaration of Health must be completed if any animal insured under this policy has been sick, injured, or lame in the past 12 months. If an increase in value is desired, please complete this Declaration of Health and the Substantiation of Value information on the back of this form and return for underwriter review.

Policy Number: _____ Owner: _____

Horse's Name	Purchase Price & Date	Desired Insured Value
	\$ /	\$

1. To the best of your knowledge is the above animal at present normal in eyes, wind and action and does it, in your opinion, represent a normal risk for Mortality insurance purposes? If no, give details. Yes No
2. Has the above animal suffered from colic or any other colic related illness at any time? If yes, give details. Yes No
3. Has the above animal suffered from any other injury, illness or disease or undergone any surgery at any time? If yes, give details. Yes No
4. Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the animal is kept? If yes, give details. Yes No
5. Has the above animal been castrated, fired, blistered, de-nerved, operated on or received treatment for lameness? If yes, give details. Yes No
6. Does the animal have faulty conformation that could affect its ability to be used for the purpose described above? If yes, give details. Yes No
7. Has the above animal been examined by a veterinarian at any time other than for normal routine maintenance? If yes, give details. Yes No
8. a. Quarter Horses/Appaloosas/Paint horses: Does pedigree have HYPP linkage? Yes No
b. If yes, has horse(s) been tested? Yes No
c. What were the results? _____
9. Name and address of person who has care, custody and control: _____

10. If you answered "yes" to questions #2-7, please indicate if the animal has fully recovered? _____

Details:

Continue on a separate sheet of paper, if needed.

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.

Signed: Insured/Trainer/Manager (Delete as applicable) _____

Date _____

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.



Show, Breeding & In-Training Horses Justification of Value Record

Insured's Name: _____

Policy Number _____

Name of Horse: _____

Year of Birth: _____

Sire: _____

Dam: _____

Show Record for Prior 12 Months				
Name of Show & Rating	Date	Name of Class or Division	Number in Class	Placing
1.				
2.				
3.				

Breeding Record of Mare				
List Sires	Years Foaled	Stud Fees	Foal Sex	Price When Sold
1.		\$		\$
2.		\$		\$
3.		\$		\$
Number of Foals Produced: _____				

Breeding Record of Stallion (List for Prior Three Years beginning with third year prior to present.)					
Year	Outside Mares Bred	Stud Fees Earned	Homebred Mares Bred	Income From Sales Of Foals	# Foals Produced
	#	\$	#	\$	#
	#	\$	#	\$	#
	#	\$	#	\$	#
Total Number of Foals Produced: _____					
Coming Year Mares Booked # _____ Stud Fee Charges \$ _____ / \$ _____					
Comments: _____					

Training Record
Total Cost of Training In Horse Excluding Board \$ _____
Type of Training: _____
Comments: _____

The undersigned, declare that to the best of my knowledge and belief the above statements, are true and complete and that I have not withheld any material information.

Signature: _____

Date: _____