

STATEMENT OF HEALTH

RENEWAL POLICY NUMBER _____

EFFECTIVE DATE _____

INSURED NAME _____

HORSE(S) NAME _____

I DO HEREBY CERTIFY THAT THE NAMED ANIMAL(S) HAS NOT SUSTAINED ANY DISEASE, SICKNESS, INJURY OR PHYSICAL DISABILITY IN THE PAST YEAR.

I FURTHER CERTIFY THAT THE ABOVE ANIMAL(S) TO BE IN GOOD HEALTH AND CONDITION AT THE TIME THIS IS SUBMITTED AND WARRANT THE TRUTH TO THE ABOVE STATEMENTS. I AGREE THAT THIS SHALL BE THE BASIS OF THE CONTRACT FOR THE INSURANCE AND IF ANYTHING BE FALSELY STATED OR INFORMATION WITHHELD, THE INSURANCE SHALL BE NULL AND VOID FROM INCEPTION.

SIGNED: _____ DATE: _____

IMPORTANT: If the animal(s) has been sick or injured during the previous policy period, then we will require a Veterinary Certificate from a veterinarian of your choice and is subject to Company approval.

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