

Statement of Health Renew Amend Coverage
 (Completion of Application does not bind Company to risk)

Named Insured – Full Name(s)/DBA: _____ Policy Number: _____

Mailing Address: _____ State: _____ County: _____ Zip: _____

Ph #: _____ Fax #: _____ Email: _____

****One horse per Statement of Health Form. Please make additional copies as needed for additional horses.****

Name & Reg. #/Tattoo	Breed	Age xx/xx/xxxx	Sex	Use	Expiring Insured Limit	New Requested Insured Limit - JOV

1. Location & care, custody, control of animal(s): _____
 Address: _____ City: _____ State: _____ County: _____ Zip: _____

2. Has ownership interest changed in any way? Yes No. If so, Animal #: _____; Add'l Insured Loss Payee
 Loss Payee or Additional Insured Name: _____ Interest: _____

3. Any history of conformational problems or defects, lameness, injury, illness or disease, or physical disability including but not limited to: Laminitis/Founder, OCD, neurological disorders, Navicular Disease and/or Degenerative Joint Disease? Yes No. **If Yes, explain and provide history:** _____

4. Any colic or intestinal disorder within the last 12 months? Yes No. **If Yes, explain and provide history:** _____

5. Has the horse(s) been nerved, or received any surgical treatment, or required any diagnostic ultrasound or x-rays for lameness within the last 12 months? Yes No **If Yes, explain and provide history:** _____

6. Has the horse(s) been examined or treated by a veterinarian for other than annual inoculations, de-worming, or routine care within the last 12 months? Yes No **If Yes, explain and provide history:** _____

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, Medication name & frequency given?** _____

If Yes, how administered? Oral; Subcutaneous (SQ); Intramuscular (IM); Intra-articular (IA); Intravenous (IV); Ocular (eye)? **(If Intra-articular (IA) joint injections provide Veterinarian diagnostic report confirming condition)**

8. Are there any changes in use, frequency, or levels of showing? Yes No. **Yes, Explain:** _____

9. Any changes in boarding/training facilities, or access to normal Vet, or miles to the closest surgical facility? Yes No. **If Yes, Explain:** _____

10. Is the horse(s) due to foal any time during the proposed policy period? Yes No **If yes, foaling date:** _____; **Any history of unsatisfactory breeding?** _____

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute.

 Applicants Signature

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