

AMERICAN RELIABLE INSURANCE COMPANY

STATEMENT OF HEALTH

APPLICANT INFORMATION

Name _____ E-Mail Address _____
 Mailing Address _____ Phone _____
 City, State, Zip _____ Preferred Date for Policy Inception _____
 Previous Insurance Carrier _____ Amount of Insurance _____

Horse Name	Breed	Birth Date	Color	Sex	Use

1	Is the horse currently sound and healthy for intended use?	Yes	No
2	Horse ancestry known to carry HYPP? (American Quarter, Appaloosa or Paint)	Yes	No
3	Horse been HYPP tested? Test Results: N/N N/H H/H	Yes	No
4	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, osteochondritis dissecans (OCD), neurological disorders(e.g. EPM), navicular disease, and / or degenerative joint disease (DJD)?	Yes	No
5	Any previous history of colic, colic surgery, impaction, or intestinal disorder within last 12 months?	Yes	No
6	Has the horse been nerved or received any surgery, treatment, or examination for lameness?	Yes	No
7	Has the horse been treated or examined by a veterinarian for anything other than routine care within the last year?	Yes	No
8	Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans with the past 36 months?	Yes	No
9	Has the horse received any joint injections in the past 12 months? If yes, specify joints injected, dates and reasons for injections below.	Yes	No
10	Has the horse received any type of medication long term or short term, or any preventative treatments in the past 12 months?	Yes	No
11	Does the horse receive any other medications / supplements?	Yes	No
12	Are there any other current or prior health conditions to which the horse has been exposed?	Yes	No
13	Will the horse be outside the continental United States or Canada during the coverage period?	Yes	No
14	(Mares Only) Is the horse due to foal any time during the requested policy period? If yes, please provide: Expected foal date _____; # previous foals _____; Stud Fee _____	Yes	No
15	(Mares Only) Has horse ever experienced birthing difficulties? If yes, explain below	Yes	No

If "YES" was answered to any question above, please provide details below: (Also provide any additional comments regarding general evaluation of the named horse and professional opinion on soundness of horse)

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and / or in the application and this statement as well as the application and supporting materials shall be the basis of the policy 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 Applicant of above named animal: _____ Date: _____