



Accident, Sickness & Disease Renewal Form

Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____

Stallion Information

Name of Stallion	Breed	Age	Stud Fee
_____	_____	_____	_____

Breeding Method

Artificial Insemination Live Cover Both

*Pasture Breeding? Yes No

**(Note: ASD Coverage not available on pasture breeding stallions without prior company approval.)*

Breeding History

Number of mares bred last year _____ Number of mares conceived _____

Number of mares booked this season _____ Owned _____ Outside _____

I declare to the best of my knowledge and belief that the stallion listed above is in normal, healthy and breeding sound condition. **I further declare that to the best of my knowledge and belief during the past 3 years, the above stallion has been free from any illness, injury, disease or accident and has not had less than 75% fertility to mares bred.** I understand and agree that this Statement of Breeding Condition shall be the basis of the Insurance contract and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage, the Insurance contract will be null and void. Any exceptions must be noted.

Signature of Insured _____ Date _____