

Reinstatement Health Form

Insured Name: _____

Policy #: _____

Agent Name: _____

Agent #: _____

Read the statement below which applies to all the animals listed from '1' through '10'. If you cannot sign this form for any particular animal(s), cross out that animal's name and list on a separate sheet of paper the particular illness, injury, disease and/or loss on that animal.	The following animal(s) require current, satisfactory veterinary certificates (completed within the last 10 days), prior to any consideration being given for reinstatement: <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____
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Animal Name(s):	
1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

IF ANY HORSE HAS OR HAD ANY DEFECT SINCE THE POLICY INCEPTED, A VETERINARY EXAMINATION FORM MUST BE COMPLETED UNLESS THE COMPANY HAS PROVIDED WRITTEN APPROVAL PRIOR TO REINSTATING COVERAGE.

I declare, to the best of my knowledge, that the animals named above have been free of illness, injury, lameness, disease or disability since the inception of this policy on _____. These horses have not had any type of colic or gastro-intestinal disorders, nerving, degenerative joint disease, laminitis/founder, navicular disease or surgery of any kind. I certify that there are no known or reported losses on the above animals. I understand that any coverage on my policy may become null and void if any material fact has been concealed, misrepresented or was omitted from this form.

THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO COMPANY CONSIDERATION OF ANY COVERAGE REINSTATEMENT. ANY REINSTATEMENT OF THIS POLICY IS DEPENDANT UPON FULL PAYMENT OF \$ _____ PREMIUM DUE AND ACCEPTANCE IN WRITING BY THE COMPANY OF THIS FORM.

I UNDERSTAND THAT REINSTATEMENT OF COVERAGE IS AT THE DISCRETION OF THE INSURANCE COMPANY AND COMPLETION OF THIS FORM DOES NOT AUTOMATICALLY REINSTATE COVERAGE.

Signature

Date