Equine Insurance Specialists, LLC
PO Box 12440, Lexington, KY 40583-2440
www.insureyourhorse.com

TEL: (800) 723-9414
FAX: (866) 207-6953

STATEMENT OF HEALTH

Horses Only

Producer's Name	Equine Insurance Specialists	Applicant's Name	
Agency Code	132113	Mail Address	
Mail Address	PO Box 12440	City, ST Zip	
City, ST Zip	Lexington, KY 40583-2440	Phone	
Phone	(800) 723-9414	Fax	
Fax	(866) 207-6953	E-Mail Address	
E-mail Address			

This Statement forms part of the Animal Mortality Application for Horses.
(To be completed by the applicant.)

Animal Name	Date of Birth	Date of Purchase	Purchase Price (or stud fee if raised)	Requested Limit of Insurance

Identification (Sire/Dam, Registration#, Tattoo#, Microchip#, or Pictures if unregistered)	Sex (Stallion, Mare, Colt, Filly, Gelding)	Breed	Use

1.	Has the horse been examined or treated by a veterinarian for any accident, injury, sickness, disease, lameness, or other than routine care within the last year? If YES, Please explain.	☐Yes	☐No
2.	Is the horse currently free of lameness and healthy without the use of drugs? If NO, Please explain.	☐Yes	☐No
3.	Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 12 months? If YES, Please explain.	☐Yes	☐No
4.	Does the horse have any past conformational problems or defects, illness or disease, lameness, or injury or physical disability including, but not limited to: laminitis/founder, OCD, neurological disorders (e.g. EPM) navicular disease, and/or degenerative joint disease? If YES, Please explain.	☐Yes	☐No
5.	Has the horse been nerved or received any treatment for lameness? If YES, Please explain.	☐Yes	☐No
6.	Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 36 months? If YES, Please explain.	☐Yes	☐No
7.	Has the horse had any colic, colic surgery, impaction, or intestinal disorder within the last 12 months? If YES, Please explain.	☐Yes	☐No
8.	Is the horse due to foal any time during the requested Policy Period? If Yes, please give: Estimated Foaling Date: _____; Number of Previous Foals: _____; Stud fee: _____	☐Yes	☐No
9.	Has the horse ever experienced birthing difficulties? (Mares only) If YES, Please explain	☐Yes	☐No

I declare the above statements are true and complete, and that no material information was withheld.

Applicant's Signature	Date: (Must be no more than 30 days prior to policy effective date)

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