

INDEPENDENT EQUINE AGENTS

10234 SHELBYVILLE RD #2A
LOUISVILLE, KENTUCKY 40223

(502) 245-6878
(502) 245-9698 FAX
1-800-346-8880

INSURED'S STATEMENT OF HEALTH

(Valid if received by the Company within 15 days of completion)

NAME OF ANIMAL: _____

Has your horse exhibited, been diagnosed or been treated for:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Any lung or respiratory problem? | _____ | _____ |
| 2. Any heart trouble(heart murmur, etc.)? | _____ | _____ |
| 3. Any disorder of the kidney, bladder or urinary system? | _____ | _____ |
| 4. Any diseases of the eyes? | _____ | _____ |
| 5. Any blood disorder? | _____ | _____ |
| 6. Any abnormal pulse? | _____ | _____ |
| 7. Temperatures above or below normal? | _____ | _____ |
| 8. Any bleeding on exercise? | _____ | _____ |
| 9. Navicular disease (neurectomy)? | _____ | _____ |
| 10. Any condition requiring blistering? | _____ | _____ |
| 11. Colic or digestive upset? | _____ | _____ |
| 12. Is there any lameness, unsoundness of limb or faulty conformation? . . | _____ | _____ |
| 13. Any accident? | _____ | _____ |
| 14. Any condition that required surgery? | _____ | _____ |
| 15. Any arthritic joint conditions? | _____ | _____ |
| 16. Any infection? | _____ | _____ |
| 17. Laminitis or founder? | _____ | _____ |
| 18. As being in foal (state due date below)? | _____ | _____ |
| 19. Any past breeding or foaling problem? | _____ | _____ |
| 20. If male, any disease or injury to testicles? | _____ | _____ |
| 21. Any vices or objectionable habits? | _____ | _____ |
| 22. Any contagious diseases on property? | _____ | _____ |
| 23. Any other condition that required medical or surgical attention? . . . | _____ | _____ |
| 24. Explain any "yes" answers: | | |

I declare the above animal is owned by me, and I declare the above animal to be in good health and condition, and warrant the truth of the above statements. I agree that the application, if accepted by the Company, shall be the basis of the contract, and if anything be falsely stated or information withheld to influence the Company's decision, the insurance contract shall be null and void. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT'S SIGNATURE: _____ DATE: _____