



I N S U R A N C E

STATEMENT OF HEALTH

P.O. Box 185 Pilot Point, TX 76258
Toll Free 888-686-5662
Fax 940-686-5203
www.assetequine.com

Name of Insured: \_\_\_\_\_ Name of horse: \_\_\_\_\_
Use of horse: \_\_\_\_\_ How long have you known horse? \_\_\_\_\_

- 1) Is the horse currently sound and healthy for the use intended?
2) Have you observed the horse in all gaits involved in its intended use?
3) Does the horse have any past conformational or defects, illness or disease, lameness, injury, or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders e.g. EPM, navicular disease, and/or degenerative joint disease?
4) Has the horse had any colic or intestinal disorder within the last 36 months?
5) Has the horse been nerved or received any surgical treatment for lameness?
6) Has the horse been examined or treated by a veterinarian for other than routine care within the last year?
7) Has the horse undergone diagnostic ultrasound or X-rays within the last 36 months?
8) Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months?
9) Is the feeding & supplement program changed in the last year? If yes, explain:
10) Is feed supplement program conducive to territory and use and not considered contributory to colic?
11) Has the horse(s) received regular annual vaccinations including West Nile Virus & remained on it's regular Worming program?
12) Is the animal due to foal any time during the proposed policy period?
13) Was a pre-purchase exam done? (If yes, please attach a copy)
14) Has the horse been tested for HYPP? Results:
15) If "yes" was answered to any question 3 through 8, please provide details below.

I understand and agree that the policy to be issued shall be founded upon this representation of owner contained herein. Prior policy information and this representation of owner shall be the basis of 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 owner(s) of above named animal
date)

Date (must be no more than 30 days prior to policy effective