



Horse Insurance Specialists, Inc.

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STATEMENT OF HEALTH

This form is to be used for the following purposes:

- Application for Increase in Value Request for additional coverage

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Horse's Name: _____ Exact Use: _____

- 1. Is the horse(s) currently sound and healthy for the use intended? Yes No
- 2. Does the horse(s) have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, arthritis, and/or degenerative joint disease Yes No
- 3. Has the horse(s) had any colic or intestinal disorder within the last 36 months? Yes No
- 4. Has the horse(s) been nerved or received any surgical treatment for lameness? Yes No
- 5. Has the horse(s) been examined or treated by a veterinarian for other than routine care within the last year? Yes No
- 6. Has the horse(s) undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No
- 7. Has the horse(s) received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No
- 9. Are there any other current or prior health conditions to which the horse(s) has been exposed? Yes No

If you answered "Yes" to questions 2-9, please explain: _____

If you are requesting additional coverage, please select:

- Major Medical/Surgical Surgical Only Other (Please specify) : _____

If you are requesting an increase in the insured value, please indicate the new amount: \$ _____

In order to increase the value, please provide the necessary justification of value including updated show or competition records, winnings or earnings, training expenses, or breeding records.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Signature of owner(s) of above named animal(s)

Date