



# Accident, Sickness & Disease Renewal Form

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

### Stallion Information

Name of Stallion	Breed	Age	Stud Fee
_____	_____	_____	_____

### Breeding Method

Artificial Insemination     Live Cover     Both

\*Pasture Breeding?     Yes     No

*\*(Note: ASD Coverage not available on pasture breeding stallions without prior company approval.)*

### Breeding History

Number of mares bred last year \_\_\_\_\_    Number of mares conceived \_\_\_\_\_

Number of mares booked this season \_\_\_\_\_    Owned \_\_\_\_\_    Outside \_\_\_\_\_

I declare to the best of my knowledge and belief that the stallion listed above is in normal, healthy and breeding sound condition. **I further declare that to the best of my knowledge and belief during the past 3 years, the above stallion has been free from any illness, injury, disease or accident and has not had less than 75% fertility to mares bred.** I understand and agree that this Statement of Breeding Condition shall be the basis of the Insurance contract and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage, the Insurance contract will be null and void. Any exceptions must be noted.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_