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

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GREAT AMERICAN INSURANCE GROUP

Statement Of Condition

Policy# _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____

To order your new/renewal coverage, kindly sign and date this certificate, after reading the Statement of Condition carefully. This certificate MUST be returned before the expiration date of the policy or a new veterinary certificate will be required. Do not sign and return earlier than 30 days before the expiration date.

New Business – *Use this form for animals valued at $100,000 or less*

Renewal – *Use this form for animals of any value, under the age of 15 or animals ages 15 -20 years, valued under $50,000*

Item #	Name	Breed	Sex	Age	Use	Purchase Price/Date	Amount Of Insurance
1							
2							
3							

	Horse 1	Horse 2	Horse 3
1. Is the horse currently sound and healthy for use intended?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Does the horse have any conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or Degenerative disease?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made was there a resection?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Has the horse been nerved or received any surgical treatment for lameness?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. For All Quarter horses, Appaloosas or Paints. Does the horse have an ancestor known to carry HYPP?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "YES" please indicate the HYPP Status.	☐N/N ☐N/H ☐H/H	☐N/N ☐N/H ☐H/H	☐N/N ☐N/H ☐H/H

9. If "YES" was answered to any question 2 through 7, please provide details below.

_____

STATEMENT OF CONDITION I declare to the best of my knowledge and belief the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Signature of Insured _____ Date _____