

EQUINE DECLARATION OF HEALTH

TO BE COMPLETED AND SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE(S).

INSURED:

#	Horse	Age	Sex	Use	Sum Insured

COMMENTS:

STATEMENT OF CONDITION

I declare to the best of my knowledge and belief that the animal(s) listed on the above schedule are in normal, healthy, and sound condition. I further declare that to the best of my knowledge and belief during the past three years, the above animal(s) have been free from any ILLNESS, INJURY, DISEASE, or ACCIDENT. I understand and agree that this Declaration of Health 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 _____ Date _____

Print Name: _____