

STATEMENT OF HEALTH

Connaway and Associates Equine Insurance Services , Inc.

(501)868-8084

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office@connaway.net

Name of Applicant:

(Applicant May Not Be A Minor)

	Name of Horse	Breed	Sex	Color	Year of Birth	Insured Amount **	Use/Level
A.							
B.							
C.							

Sex: G = Gelding; M = Mare; S = Stallion; C = Colt; F = Filly. ** Subject to company approval

Show, Training or Breeding Record (or USEF, USDF, USEA number):

Please attach additional pages for the Show, Training and Breeding Record (if needed).

NOTE: Each answer box must be marked individually.

	Horse A		Horse B		Horse C	
	Yes	No	Yes	No	Yes	No
1) Are there any health or lameness issues?						
2) Has the horse been treated for hoof problems, founder/laminitis, or rotation of the coffin bone?	Yes	No	Yes	No	Yes	No
3) Has the horse had any colic, ulcer, or intestinal disorder in the last 12 months?	Yes	No	Yes	No	Yes	No
4) Has the horse ever had colic surgery? If yes, please provide the name of the facility and date(s) of surgery.	Yes	No	Yes	No	Yes	No
5) Has the horse ever been nerved or received any surgical treatment for lameness?	Yes	No	Yes	No	Yes	No
6) 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
7) Has the horse been treated for, or have evidence of, sarcoids, tumors, or melanomas?	Yes	No	Yes	No	Yes	No
8) Has the horse had any conformation problems, defects, lameness, injury or disability or been diagnosed with degenerative joint disease, osteochondritis dissecans (OCD), neurological disorders, EPM, arthritis, bone chips or navicular?	Yes	No	Yes	No	Yes	No

Explain any "yes" answers. Please include onset date, diagnosis, treatment , how condition was resolved, and when the horse returned to full work.

I, the undersigned, understand and agree that the policy to be issued shall be based upon the statements contained herein and prior policy information. I declare to the best of my knowledge and belief that the above statements are true and complete and that I have not withheld any material information. If anything is falsely stated or information is withheld, the insurance contract will be null and void.

Signature of Applicant:

(Applicant May Not Be A Minor)

Date:

SIGNATURE MUST BE "INK/HANDWRITTEN" OR "DOCUSIGN"