

BLUE BRIDLE INSURANCE AGENCY, INC.

HEALTH STATEMENT OF CONDITION

NAME OF APPLICANT _____ PHONE NO. _____

ADDRESS _____

CHECK COVERAGES DESIRED Full Mortality Major Medical
(Includes surgery) Surgical

EFFECTIVE DATE DESIRED _____

HORSES TO BE INSURED

NAME of ANIMAL	BREED / DATE OF BIRTH / SEX / USE			
1. _____	_____			
2. _____	_____			
3. _____	_____			

	Horse #1	Horse #2	Horse #3
1. Is the horse currently sound and healthy for the use intended?	Yes() No()	Yes() No()	Yes() No()
2. Does the horse have any past 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 joint disease?	Yes() No()	Yes() No()	Yes() No()
3. Has the horse had any colic or intestinal disorder?	Yes() No()	Yes() No()	Yes() No()
4. Has the horse been nerved, undergone diagnostic ultrasound or X-rays, 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 received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months?	Yes() No()	Yes() No()	Yes() No()

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

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 and have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT except as expressly noted above. I understand and agree that this Statement of Condition shall be the basis of the Insurance contract and if anything is falsely stated or if information is withheld to influence the insurance Company's decision to issue coverage, the Insurance contract will be null and void.

DATE SIGNED

SIGNATURE OF APPLICANT