

Renewal of Policy # _____
 Effective Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Resident Phone: _____ Cell Phone: _____ Email Address: _____

Coverage Requested: <input checked="" type="checkbox"/> Mortality (mandatory to obtain any medical coverage) <input type="checkbox"/> Keep coverage the same as last year	<input type="checkbox"/> Colic Only <input type="checkbox"/> Equine Accident & Illness <input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Surgical Only
<input type="checkbox"/> Major Medical <u> </u> \$7,500 <u> </u> \$10,000 <u> </u> \$15,000		

Horse Name	Breed	Sex	Age	Use	Current Mortality Value	Requested Value
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

NOTE: If any of the above horses are being leased, please remit a copy of the lease agreement.

- | | <u>Horse #1</u> | <u>Horse #2</u> | <u>Horse #3</u> |
|--|--|--|--|
| 1. Is the horse currently sound and healthy for use intended? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the horse have any conformational problems or defects, illness or disease, lameness, injury of physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or degenerative disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has the horse had any colic or intestinal disorder within the last 12 months? If a surgical correction was made, indicate below if there was a resection performed. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has the horse been examined or treated by a veterinarian for any accident, illness, injury or disease within the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has the horse undergone diagnostic ultrasound or x-rays, MRI or bone scans within the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has the horse received any joint injections or preventative treatments in the last 12 months? <u>(Please specify type of medication and if for maintenance only.)</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. For all Quarter horses, Appaloosa or Paints. Does the horse have an ancestor known to carry HYPP?
If YES please indicate the HYPP Status below | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If "YES" was answered to any question 2 through 7 please explain:

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 a company's decision, the insurance contract will be null and void. I understand that the General Conditions of the policy require me to give immediate notice by telephone of any illness, disease, lameness, injury or death. And I agree to do so.

 Signature of Applicant

 Date