



Declaration of Health

Policy Number: _____

Named Insured: _____

Phone: _____ Home Work Cell

Email: _____

| Horse's Name | Registration # |
|--------------|----------------|
| | |

Request - Check all that apply:

| | | |
|---|---|--|
| <input type="checkbox"/> Renew/Rebind Insurance | <input type="checkbox"/> Increase Value to: \$ _____ (Complete Substantiation of Value form.) | <input type="checkbox"/> Add Coverage: <input type="checkbox"/> <i>Surgical Only</i> OR <input type="checkbox"/> <i>Medical/Surgical</i> |
|---|---|--|

Health Questions

1. Has horse suffered from any injury, illness, lameness or disease? Yes No
2. Has horse suffered from colic or any other gastro-intestinal related illness? Yes No
3. Has horse undergone surgery (other than castration) or been fired, blistered, nerved, treated or examined for lameness? Yes No
4. Has horse been examined by a veterinarian for anything other than routine care? Yes No
5. Does horse receive any medication? Yes No

Details – If “yes” to any question #1-5 above, please provide details including date(s), diagnosis, treatment and recovery. Continue on separate sheet of paper if needed.

I hereby certify that to the best of my knowledge and belief, the information provided is true and correct and that no information, which would materially affect this insurance, has been withheld.

Signed: Insured Trainer Manager

_____ Date

Note: The information given in this declaration should be provided by the person having care, custody and control of the animal and forms the basis of the insurance contract. Incorrect answers could invalidate the policy.

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