



Declaration of Health for Renewal Mortality Policies

Important Information – Regarding Your Mortality Policy

PLEASE NOTE: This form must be completed if any animal insured under this policy has been sick, injured, or lame in the past 12 months.

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>
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Health Questions

- Has horse suffered from any injury, illness, lameness or disease? Yes No
- Has horse suffered from colic or any other gastro-intestinal related illness? Yes No
- Has horse undergone surgery (other than castration) or been fired, blistered, nerved, treated or examined for lameness? Yes No
- Has horse been examined by a veterinarian for anything other than routine care? Yes No
- 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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Show, Breeding & In-Training Horses Justification of Value Record

Insured's Name: _____

Policy Number _____

Name of Horse: _____

Year of Birth: _____

Sire: _____

Dam: _____

Show Record for Prior 12 Months				
Name of Show & Rating	Date	Name of Class or Division	Number in Class	Placing
1.				
2.				
3.				

Breeding Record of Mare				
List Sires	Years Foaled	Stud Fees	Foal Sex	Price When Sold
1.		\$		\$
2.		\$		\$
3.		\$		\$

Number of Foals Produced: _____

Breeding Record of Stallion (List for Prior Three Years beginning with third year prior to present.)					
Year	Outside Mares Bred	Stud Fees Earned	Homebred Mares Bred	Income From Sales Of Foals	# Foals Produced
	#	\$	#	\$	#
	#	\$	#	\$	#
	#	\$	#	\$	#

Total Number of Foals Produced: _____

Coming Year Mares Booked # _____ Stud Fee Charges \$ _____ / \$ _____

Comments: _____

Training Record
Total Cost of Training In Horse Excluding Board \$ _____
Type of Training: _____
Comments: _____

The undersigned, declare that to the best of my knowledge and belief the above statements, are true and complete and that I have not withheld any material information.

Signature: _____

Date: _____