

**Equine Insurance Center**  
P.O. Box 129  
Liberty, NC 27298  
Phone (336) 622-1770 Toll Free (888) 335-3338  
Fax (336) 622-7783  
[www.equineinsurancecenter.com](http://www.equineinsurancecenter.com)

**COLIC STATEMENT OF CONDITION**

INSURED NAME AND ADDRESS:

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PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER, if applicable: \_\_\_\_\_

NAME OF ANIMAL: \_\_\_\_\_

LAST DATE OF COLIC: \_\_\_\_\_

Has the animal ever been treated for colic prior to the above-mentioned date? Yes\_\_\_ No\_\_\_

If so, please provide dates and details of treatment: \_\_\_\_\_

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I declare to the best of my knowledge and belief that the animal listed above has been in normal, healthy condition and has not suffered any colic or digestive disorder since last colic noted.

I understand and agree that this Statement of Condition shall be part of the Insurance contract and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage to include colic/gastrointestinal disease, the insurance contract will be null and void. Any exceptions must be noted:

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\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**SIGNATURE OF INSURED**