

Equine Insurance Center

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Health Condition Information Form

Name of Insured: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Horse: _____ Horse's Use: _____ Level: _____

This horse has been treated for an injury, illness, or disease during the policy year. For underwriting purposes, please be as specific as possible when providing the below information. A veterinarian narrative or report may also be included with this form.

Please address each health issue with as much detail as possible.

Onset date of condition: _____

Diagnosis: _____

Treatment(s) and dates: _____

Current Status: _____

How condition resolved and when: _____

Has the horse returned to full work? If yes, provide date. If no, provide expected schedule and/or prognosis for return to prior activity level: _____

Is the horse back to showing/competition? If yes, provide current show/competition record: _____

Does the horse currently receive any medications/supplements/treatments to prevent reoccurrence? Yes _____ No _____

If yes, explain and provide frequency: _____

Additional information or comments: _____

DECLARATION

I understand and agree that the policy to be issued shall be founded, in part, upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature of owner(s) of above name animal

Date: