

STATEMENT OF CONDITION

NAMED INSURED _____ PHONE NUMBER: _____

ADDRESS: _____

CIRCLE COVERAGES DESIRED: FULL MORTALITY MAJOR MEDICAL SURGICAL

EFFECTIVE DATE DESIRED: _____ HYPP Results: _____

If not tested any "Impressive" bloodlines? _____ (For Quarter Horses)

HORSES TO BE INSURED:

#	NAME	BREED/AGE/SEX/USE	DATE OF PURCHASE	PURCHASE PRICE	AMOUNT OF INSURANCE
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1. _____

2. _____

3. _____

1. Is the horse currently sound and healthy for the use intended? Horse #1 Horse #2 Horse #3
Yes () No () Yes () No () Yes () No ()

2. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or degenerative joint disease? Yes () No () Yes () No () Yes () No ()

3. Has the horse had any Colic or intestinal disorder? Yes () No () Yes () No () Yes () No ()

4. Has the horse been nerved, undergone diagnostic ultrasound or X-rays, or received any surgical treatment for lameness? Yes () No () Yes () No () Yes () No ()

5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year? Yes () No () Yes () No () Yes () No ()

6. Has the horse received any joint injections any type of medication long or short term, or any preventative treatments in the last 12 months? Yes () No () Yes () No () Yes () No ()

7. If "yes" was answered to any question 2 through 7, please provide details below.

I hereby certify that the horses have not originated from nor been stabled on a premise under quarantine or restriction due to EHV-1 or will be traveling to any facility with a history of EHV-1 on the premises within the last 30 days. I understand that an exclusion will apply for EHV-1 for any horse located in or traveling to Florida.

I declare to the best of my knowledge and belief that the animal(s) listed on the above schedule are in normal, healthy and sound condition and have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this Statement of Condition shall be basis of the Insurance contract and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage, the Insurance contract will be null and void.

DATED SIGNED

SIGNATURE OF INSURED