



608 Virginia Street East, Suite 302
Charleston, WV 25301
Phone: (304) 346-1198

STATEMENT OF CONDITION FORM

Name: _____ Policy#: _____

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

Phone: _____

To order your new/renewal coverage, please sign and date this certificate, after reading the Statement of Condition carefully. This certificate MUST be returned before the expiration date of the policy or a new veterinary certificate will be required. Do not sign and return earlier than 30 days before the expiration date.

New Business: Use this form for animals valued at \$100,000 or less

Renewal: Use this form for animals of any value, under the age of 15 or animals ages 15-20 years, valued under \$50,000

	Name	Breed	Sex	Age	Use	Purchase Price/Date	Amount of Insurance
1.							
2.							
3.							

	Horse 1	Horse 2	Horse 3
1. Is the horse currently sound and healthy for use intended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the horse have any 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 disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made was there a resection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the horse been nerved or received any surgical treatment for lameness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. For all Quarter horses, Appaloosas or Paints: Does the horse have an ancestor known to carry HYPP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" please indicate the HYPP Status.	<input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H	<input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H	<input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H
9. If "YES" was answered to any question 2 through 7, please provide details below.			

Statement of Condition: I declare to the best of my knowledge and belief the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Signature of Insured _____

Date Signed _____