



P.O. Box 1434
San Antonio, Texas 78295
210-271-9834
210-271-9838 -- Fax
1-800-990-9880 - W.B.
1-800-805-9881 - Melissa

HEALTH CERTIFICATE

To be completed by the **INSURED** only, not by a veterinarian. This is not a veterinary certificate.

Name & Address of Insured:

Renewal of _____
Endorse _____
Policy Number _____
Effective Date _____

Item No.	Name	Breed	Age	Sex	Use	Amount Insured	Rate
1							
2							
3							
4							

A Do you understand that it is required under the policy to give IMMEDIATE notice by telephone of any ILLNESS, INJURY, DISEASE OR DEATH or your claim may be denied and do you agree to do so? _____

B Has any horse owned by you died in the past three years? _____
If yes, state cause(s) and date(s). _____

C Has any company canceled or refused to renew your coverage? _____

D Has the above horse suffered from colic or any other related illnesses at anytime to the best of your knowledge? _____
If yes, give details _____

E Has the above horse suffered from any accident, illness or disease or undergone surgery at any time to the best of your knowledge? _____
If yes, give details _____

F Has there been any evidence of contagious or infectious disease during the past twelve months at the stable/farm where the horse is kept? _____
If yes, give details _____

G Has the above horse been fired, blistered, operated on or received treatment for lameness (other than sore shins) at any time to the best of your knowledge or does the horse have faulty conformation? _____
If yes, give details _____

H Has the above horse suffered at anytime from melanomes, sarcoids, warts or any other type of growth? _____
If yes, give details _____

I Is the above horse at present normal in eye, wind and action to the best of your knowledge and does it in your opinion represent a normal risk for the insurance that is being proposed? _____
If no, give details _____

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which would materially effect this insurance has been withheld.

Signed _____ Date _____

THE INFORMATION GIVEN IN THIS DECLARATION FORMS THE BASIS OF THE INSURANCE CONTRACT AND INCORRECT ANSWERS COULD INVALIDATE THE POLICY.