



# Declaration of Health for Renewal Mortality Policies

## Important Information – Regarding Your Mortality Policy

PLEASE NOTE: This form must be completed if any animal insured under this policy has been sick, injured, or lame in the past 12 months.

Policy Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Work  Cell

Email: \_\_\_\_\_

Horse's Name	Registration #

### Request - Check all that apply:

<input type="checkbox"/> Renew/Rebind Insurance	<input type="checkbox"/> Increase Value to: \$ _____ (Complete Substantiation of Value form.)	<input type="checkbox"/> Add Coverage: <input type="checkbox"/> <i>Surgical Only</i> <b>OR</b> <input type="checkbox"/> <i>Medical/Surgical</i>
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### Health Questions

- Has horse suffered from any injury, illness, lameness or disease?  Yes  No
- Has horse suffered from colic or any other gastro-intestinal related illness?  Yes  No
- Has horse undergone surgery (other than castration) or been fired, blistered, nerved, treated or examined for lameness?  Yes  No
- Has horse been examined by a veterinarian for anything other than routine care?  Yes  No
- Does horse receive any medication?  Yes  No

Details – If “yes” to any question #1-5 above, please provide details including date(s), diagnosis, treatment and recovery. Continue on separate sheet of paper if needed.

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*I hereby certify that to the best of my knowledge and belief, the information provided is true and correct and that no information, which would materially affect this insurance, has been withheld.*

Signed:  Insured  Trainer  Manager \_\_\_\_\_

Date \_\_\_\_\_

*Note: The information given in this declaration should be provided by the person having care, custody and control of the animal and forms the basis of the insurance contract. Incorrect answers could invalidate the policy.*

**MARKEL • P.O. Box 2009, Glen Allen, VA 23058-2009 • Phone: (800) 446-7925 • Fax: (804) 527-7999**  
**www.horseinsurance.com**



# Show, Breeding & In-Training Horses Justification of Value Record

Insured's Name: \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Horse: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Show Record for Prior 12 Months				
Name of Show & Rating	Date	Name of Class or Division	Number in Class	Placing
1.				
2.				
3.				

Breeding Record of Mare				
List Sires	Years Foaled	Stud Fees	Foal Sex	Price When Sold
1.		\$		\$
2.		\$		\$
3.		\$		\$
Number of Foals Produced: _____				

Breeding Record of Stallion (List for Prior Three Years beginning with third year prior to present.)					
Year	Outside Mares Bred	Stud Fees Earned	Homebred Mares Bred	Income From Sales Of Foals	# Foals Produced
	#	\$	#	\$	#
	#	\$	#	\$	#
	#	\$	#	\$	#
Total Number of Foals Produced: _____					
Coming Year Mares Booked # _____ Stud Fee Charges \$ _____ / \$ _____					
Comments: _____					

Training Record
Total Cost of Training In Horse Excluding Board \$ _____
Type of Training: _____
Comments: _____

*The undersigned, declare that to the best of my knowledge and belief the above statements, are true and complete and that I have not withheld any material information.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_