

STATEMENT OF HEALTH

RE: POLICY NUMBER _____

EFFECTIVE DATE _____

INSURED'S NAME _____

HORSE(S) NAME _____

I DO HEREBY CERTIFY THAT THE NAMED INSURED ANIMAL(S) HAVE NOT SUSTAINED ANY DISEASE, SICKNESS, INJURY OR PHYSICAL DISABILITY IN THE PAST YEAR.

Do all animal(s) listed receive a) Quarterly deworming, b) Semi-annual Influenza and Rhinopneumonitis vaccinations, c) Annual Tetanus and Encephalitis vaccinations and d) Annual Dental exam?" _____

I FURTHER CERTIFY THAT THE ABOVE ANIMAL(S) TO BE IN GOOD HEALTH AND CONDITION AT THE TIME THIS IS SUBMITTED AND WARRANT THE TRUTH TO THE ABOVE STATEMENTS. I AGREE THAT THIS SHALL BE THE BASIS OF THE CONTACT FOR THE INSURANCE AND IF ANYTHING BE FALSELY STATED OR INFORMATION WITHHELD, THE INSURANCE SHALL BE NULL AND VOID FROM INCEPTION.

SIGNED: _____ **DATE:** _____

IMPORTANT: If the animal(s) has been sick or injured during the previous policy period, then we will require a Veterinary Certificate from a veterinarian of your choice and is subject to Company approval.

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