



Jacobi Group
 1395 S. Bates Lane
 Cottonwood, AZ, 86326
 1-800-355-4868

Statement Of Health for Equine Mortality
 (Insured's completion of Application does not bind Company to risk.)

Named Insured – Full Name(s)/DBA: _____
 Individual Joint Venture Organization Corporation Partnership Syndication

Mailing Address: _____ State: _____ Zip: _____

****One horse per Statement of Health Form. Please make additional copies as needed for additional horses.****

Name & Reg. #/Tattoo	Breed	Age	Color	Sex	Sire/Dam

In Care Of: _____ Location of animal(s): _____

Current and/or Intended Use: _____ How long have you owned the horse? _____

- Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended? Yes No
 If No, please explain: _____
- Does the horse have any pre-existing conditions or history of lameness due to conformational problems or birth defects, injury, illness or disease, or physical disability including but not limited to: Laminitis/Founder, Osteochondrosis, neurological disorders i.e. HYPP, EPM, Navicular Disease and/or Degenerative Joint Disease? Yes No
 If Yes, please explain: _____
- Has the horse had any colic, impaction, colic surgery or intestinal disorders within the last 36 months? Yes No
 If Yes, please explain: _____
- Has the horse ever been nerved or received any diagnostic or surgical treatment for lameness? Yes No
 If Yes, please explain: _____
- Has the horse been examined or treated by a veterinarian for other than routine care within the 12 months? Yes No
 If Yes, please explain: _____
- Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 12 months? Yes No
 If Yes, why and what were the results? _____
- Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months? Yes No
 If Yes, please explain: _____
- For Qtrs/Apps/Paints, has the horse been tested for HYPP? Yes No
 Results: N/N N/H H/H N/A
- Has the horse(s) received regular semi-annual Influenza, Rhino Pneumonitis, and West Nile Virus and annual Tetanus, Eastern and Western Equine Encephalitis inoculations and remained on its' regular de-worming program? Yes No
- Is the animal due to foal any time during the proposed policy period? Yes No
 If yes, foaling date: _____; Explain any history of unsatisfactory breeding: _____
- Was a pre-purchase exam done? (If yes, please attach a copy) Yes No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. See separately attached Fraud Warnings for your State's specific wording.

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute.

 Signature of owner(s) of above named animal

 Date (must be no more than 30 days prior to policy effective date)