



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

## Statement of Health

Name of Insured: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Breed: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Horse's Exact Use: \_\_\_\_\_ Level: \_\_\_\_\_ Insured Value +: \_\_\_\_\_  
*+ Insured amount should not exceed the horse's current fair market value.*

Name of any previous insurance company: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

Loss Payee or Additional Insured Name: \_\_\_\_\_

- 1. Is the horse currently sound and healthy for the use intended? Yes  No
- 2. For all Quarter Horses, Appaloosas, or Paint horses.  
 Does the horse have an ancestor known to carry HYPP? Yes  No   
 If "Yes" is answered, please indicate the HYPP status. (*Circle one.*) N/N N/H H/H  
 (*Note: Coverage will not be considered without the disclosure of HYPP status.*)
- 3. Does the horse have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative joint disease? Yes  No
- 4. Has the horse had any colic or intestinal disorder within the last 36 months? Yes  No
- 5. Has the horse been nerved or received any surgical treatment for lameness? Yes  No
- 6. Has the horse been examined or treated by a veterinarian for anything **other** than routine care within the last year? Yes  No
- 7. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes  No
- 8. Has the horse received any joint injections in the last 12 months? If yes, please specify joints injected, dates, and reasons for injections below. Yes  No
- 9. Has the horse received any type of medication long or short term, or any preventive treatments in the last 12 months? Yes  No
- 10. Does the horse receive any other medications/supplements? Yes  No
- 11. Are there any other current or prior health conditions to which the horse has been exposed? Yes  No
- 12. Will the horse be outside the continental United States or Canada during the coverage period? Yes  No

**If "yes" was answered to any question(s) 3 through 11, please provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work. For question 12, provide details including dates and locations for coverage consideration.**

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*I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.*

Signature of owner (s) of above named animal \_\_\_\_\_ Date: \_\_\_\_\_  
*(must be no more than 30 days prior to policy effective date)*

<b>Additional Coverages Available</b>	
<input type="checkbox"/> Major Medical and Surgical ( <i>annual limit \$7,500, not to exceed the horse's insured mortality limit</i> ) – Premium is Fully Earned	<input type="checkbox"/> External Injury Only Loss of Use
<input type="checkbox"/> Major Medical and Surgical ( <i>annual limit \$10,000</i> ) – Premium is Fully Earned	<input type="checkbox"/> Stallion Infertility for A, S & D
<input type="checkbox"/> Major Medical and Surgical ( <i>annual limit \$15,000</i> ) – Premium is Fully Earned	<input type="checkbox"/> Stallion Infertility for A, S & D
<input type="checkbox"/> Surgical Only – Premium is Fully Earned	<input type="checkbox"/> Third Party Liability
<input type="checkbox"/> Colic Medical and Surgical – Premium is Fully Earned	<input type="checkbox"/> Territorial Limits Including Transit <small>(Must complete question 12 above.)</small>

*Standard mortality policy includes Colic Surgery Coverage, Guaranteed Extension, and Value Endorsement.*