

# Statement of Condition



400 Rosedale Court  
Warrenton, VA 20186  
Phone: 800-347-3552  
Fax: 540-347-5906

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

In order to renew your coverage, kindly sign and date this certificate after reading the Statement of Condition carefully.  
This certificate **MUST** be returned before the expiration date of the policy. Do not sign and return earlier than 30 days before the expiration date.

Horse Name	Use	Insurance Value
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1. Is the horse currently sound and healthy for use intended?  Yes  No

If **NO**, please explain: \_\_\_\_\_

2. Does the horse have any conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease, and/or Degenerative disease?  Yes  No

If **YES**, please explain: \_\_\_\_\_

3. Has the horse had any colic or intestinal disorder within the last 12 months and if a surgical correction was made was there a resection?  Yes  No

If **YES**, please explain: \_\_\_\_\_

4. Has the horse been nerved or received any surgical treatment for lameness?  Yes  No

If **YES**, please explain: \_\_\_\_\_

5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year?  Yes  No

If **YES**, please explain: \_\_\_\_\_

6. Has the horse undergone diagnostic ultrasound or x-rays within the last 12 months?  Yes  No

If **YES**, please explain: \_\_\_\_\_

7. Has the horse received any joint injections, any type of medication long or short term, or preventative treatments in the last 12 months?  Yes  No

If **YES**, please explain: \_\_\_\_\_

Are horses leased to another person? \_\_\_\_\_

IF YES, COPY OF LEASE AGREEMENT IS REQUIRED.

Name & address of lessee: \_\_\_\_\_

**Statement of Condition:** I declare to the best of my knowledge and belief the animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely state or information withheld to influence the company's decision, the insurance contract will be null and void.

Date: \_\_\_\_\_ Signature of Insured: \_\_\_\_\_

*Please do not sign and return earlier than 30 days prior to the expiration date. It must be received prior to the policy expiration.*

**Thank You For Your Business!**