

Van Wagoner Companies, Inc.
STATEMENT OF HEALTH for HORSE MORTALITY INSURANCE
This statement forms part of the Animal Mortality Application
(To be completed by the insured)

IMPORTANT NOTE: Completion and signing of this supplemental application in no way binds the Company to the risk or implies that coverage is in effect.

Name of Insured: _____ Name of Horse: _____
 Use of Horse _____ How long have you known horse? _____

1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended? Yes No
 Have you observed the horse in all gaits involved in its intended use? Yes No
2. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders e.g. EPM, navicular disease and/or degenerative joint disease? Yes No
3. Has the horse had any colic, impaction, colic surgery or intestinal disorders within the last 36 months? Yes No
4. Has the horse been nerved or received any surgical treatment for lameness? Yes No
5. Has horse been examined or treated by a veterinarian for other than routine care within the last year? Yes No
6. Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 36 months? Yes No
7. 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
8. Has the horse been tested for HYPP? Yes No Results: NN NH HH
 (Appaloosas, Paints and Quarter Horses are required to be tested certainly if a progeny of the Impressive lineage, if sire or dam is NH or HH, or if animal's registration papers indicate NH or HH for HYPP.)
9. Has the horse(s) received regular annual vaccinations including West Nile Virus & remained on its' regular worming program? Yes No
10. Is the animal due to foal any time during the proposed policy period? If yes, give estimated foaling date along with the number of previous foals. Yes No
11. Was a pre-purchase exam done? (If yes, please attach a copy) Yes No
12. If yes, was answered to any question 2 through 8, please provide details below.

13. Has the feeding & supplement program changed in the last year? Explain: _____

14. Is feed supplement program conducive to territory and use and not considered contributory to colic? (Consult Vet if necessary) _____

I understand and agree that the policy to be issued shall be founded upon this representation of owner contained herein. Prior policy information and this representation of owner 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.

Any person knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

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