

**Larry Viegas Insurance, Inc.**  
 DBA: Larry Viegas Insurance Services  
 1830 Vernon Street, Suite 5  
 Roseville, CA 95678  
 (888) 784-1655 Fax (916) 784-6976

**STATEMENT OF HEALTH**

Additional Coverages				
Horse	A	B	C	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical/Surgical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guaranteed Extension
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Third Party Liability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stallion A, S & D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colic Expense

Name of Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Broker's Name: \_\_\_\_\_

New policy?  Renewal policy  Add to existing policy. Last Year's Policy Number: \_\_\_\_\_ Desired Eff. Date: \_\_\_\_\_

\*Use the following codes to indicate sex of animal: M - Mare; F - Filly; C - Colt; S - Stallion; G - Gelding.

Name	Breed	Sex*	Use/Level	DOB	Purchase Date	Current Value	Insured Amount**
A							
B							
C							
D							

\*\* If requested value exceeds the purchase price, provide explanation of value (i.e. competition record, appraisal, training, etc.)

Loss Payee or Additional Insured Name: \_\_\_\_\_  
 (Please indicate on which horses Loss Payee or Additional Insured Name applies.)

1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended?  
 Have you observed the horse in all gaits in it's 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/founders, 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 veterinarian for other than routine care within the last year? Yes  No
6. Has the horse undergone diagnostic ultrasound, bone scan or x-ray with 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?  
 Results?: NN NH HH Appaloosa, Paints and Quarter horses are required to be tested certainly if progeny of the Impressive lineage: If sire or dam is NH or HH; or if animals registration papers indicate NH, HH or HYPP. Yes  No
9. Has the horse(s) received regular annual vaccinations including West Nile Virus and 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. Date: \_\_\_\_\_ Number: \_\_\_\_\_ Yes  No
11. Was a pre-purchased exam done? (If yes please attach a copy) Yes  No
12. If yes was answered to any questions 2 through 8, please provide details below.  Yes  No

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

Signature of owner(s) of above animal \_\_\_\_\_

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