

**HEALTH STATEMENT**

Insured \_\_\_\_\_ Policy # \_\_\_\_\_  
(Name of Policy Holder)

**Name(s) of Animal(s):**

a)	f)
b)	g)
c)	h)
d)	i)
e)	j)

Notes: \_\_\_\_\_

**This form can only be used when an animal has not had any illness, injury, lameness or disease in the past year. Any animal with current or previous conditions is subject to company approval. A veterinarian exam may be required before coverage can be bound. Please call our office with any questions regarding the medical history.**

I declare, to the best of my knowledge, that the animals named above have been free from illness, injury, lameness or disease. These animals have not had any type of colic or gastrointestinal disorders, nerving, degenerative joint disease, founder, laminitis or surgery of any kind in the past year. If any of these medical conditions have occurred in previous years please contact our office. For renewals, this declaration relates to the prior term only, as all medical information older than 12 months would have been previously reported to the company.

I understand that any coverage applied for may become null and void if any material fact has been concealed, misrepresented or is missing from this form.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**FULL MORTALITY COVERAGE WILL NOT BE BOUND UNTIL THIS FORM IS FULLY COMPLETED, SIGNED, AND DATED BY THE APPLICANT, AND RECEIVED IN OUR OFFICE. UNTIL THEN, ONLY EXTERNAL ACCIDENT COVERAGE APPLIES.**