

Knorpp Bloodstock Insurance

P.O. Drawer A • Clarendon, TX 79226 Phone:(806) 874-3521 or (800) 858-4331 Fax: (806) 874-2307

STATEMENT OF HEALTH for HORSE MORTALITY INSURANCE

This statement form is 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 applicant the sole owner of the animal listed? Yes No
If no, provide other owner % of interest, Name and address: _____
2. 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? Explain if NO Yes No
3. 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
4. Has the horse had any colic, impaction, colic surgery, or intestinal disorders 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 other than routine care within the last year? Yes No
Other than for routine care, is the above animal receiving regular treatment or medications? **Yes No**
7. Has the horse undergone diagnostic ultrasound, bone scan, or x-rays within the last 36 months? Yes No
8. Has the horse received any joint injections, any type of medication (long or short term), or any preventative treatments within the last 24 months? Yes No
9. Has the horse been tested for HYPP? **Yes No** Results: **NN NH HH** **Signs:** _____
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.
10. Is the animal due to foal any time during the proposed policy period? Yes No
If "yes", please complete the following: **Foaling date** _____ **Sire** _____
Stud Fee _____ Has the animal listed experienced birthing difficulties? Yes No
11. Was a pre-purchase exam done? (If "yes", please attach copy.) Yes No
12. If "yes" was answered to any question 3 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)

15. Is the above animal leased to others? **If yes, attach a copy of the lease** Yes No
16. Has the horse received regular annual vaccinations including West Nile Virus & remained on its regular worming program? Yes No
17. Has the horse use, level of competition, or frequency of competition changed during the last 12 months? Yes No
18. Is the horse hauled more than 12 times a year or hauled over 200 miles any trip? Yes No
19. How many miles to the closest surgical facility? _____ Is a regular equine vet on staff there? Yes No

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 was 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 is a crime.

Signature of owner(s) of above named horse

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