

West Nile Virus Questionnaire

UNDERWRITERS WILL ATTACH AN EXCLUSION ON ALL ANIMALS THAT HAVE NOT
RECEIVED THE WEST NILE VACCINE

NAME OF OWNER _____

Please answer the following questions concerning West Nile Virus.

Has there been a case reported of West Nile in your County? _____
If so what county do you live in? _____

Has there been a case reported within Ten Miles of you? _____

Have you vaccinated your horses for West Nile? _____
If so what date did they receive the vaccination? _____
Did they receive both of the vaccinations? _____
If so give dates of both vaccinations? _____

Please list the Names of the Horse (s) that you are insuring:

Signature

Date

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