Wilson&Cunningham West
INSURANCE AGENCY

STATEMENT OF HEALTH

I declare to the best of my knowledge and beliefs that the animal (s) listed on the below schedule are in normal, healthy, and sound condition. I further declare that to the best of my knowledge and belief that during the past policy year, the above animal (s) have been free from any ILLNESS, INJURY, DISEASE, or ACCIDENT. He / She has not been exposed to any contagious or infectious diseases, nor has He / She been subjects to attacks of colic or laminitis. I understand and agree that this Statement of Health shall be the basis of the Insurance contract and if anything is falsely stated or if the information is withheld to influence the Company's decision to issue coverage, the Insurance contract will be null and void. Any Exceptions must be noted.

Name of Insured: _____

Address: _____

_____

Phone#: _____

Name of Horse	Age	Sex	Breed	Amount	Use

Signature _____ Date _____

DECLARATION

I, the undersigned hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief the statements are true and complete and that I have not withheld any material information.

Signing this form does not bind the applicant to complete to the insurance but it is agreed that this form shall be the basis of the contract. Should a policy be issued and if anything is falsely stated or information withheld to influence the Company's decision the insurance contract may be null and void.

Signature _____ Date _____

PURCHASE PRICE: _____ PURCHASE DATE: _____

I acknowledge that I must give immediate notice of any illness or injury to the holding Insurance Company

Signature _____ Date _____