

## STATEMENT OF CONDITION FOR EQUINE MORTALITY INSURANCE

Insured Name: \_\_\_\_\_ Inception Date: \_\_\_\_\_

Insured Address: \_\_\_\_\_

#	HORSE NAME	AGE	SEX	BREED	USE	INTEREST	INSURED VALUE
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____

**I confirm that as of today's date, to the best of my knowledge, the horses listed in the schedule above (or attached) are confirmed:**

to be normal in eye, wind and action and free from lameness:  *Initial*

to have not undergone any surgical procedure at any time:  *Initial*

to have not received stem cell, IRAP or other regenerative therapeutic treatment at any time:  *Initial*

to have not been denerved:  *Initial*

to have not suffered from an accident, illness or injury or shown signs of lameness in the last 12 months:  *Initial*

to be boarded at a facility that has had no evidence of contagious/infectious disease in the last 12 months:  *Initial*

*Please provide further details below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_