



INSURED'S STATEMENT OF HEALTH

(Valid if received by the company within 30 days of completion)

NAME OF ANIMAL:

Has your horse exhibited, been diagnosed, or been treated for:

	YES	NO
1. Any lung or respiratory problem?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any heart trouble (heart murmur, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any disorder of the kidney, bladder, or urinary system?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any diseases of the eye?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any abnormal pulse?	<input type="checkbox"/>	<input type="checkbox"/>
7. Temperature above or below normal?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any bleeding on exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Navicular disease (neurectomy)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any condition requiring blistering	<input type="checkbox"/>	<input type="checkbox"/>
11. Colic or digestive upset?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there any lameness, unsoundness of limb, or faulty conformation?	<input type="checkbox"/>	<input type="checkbox"/>
13. Any accident or injury?	<input type="checkbox"/>	<input type="checkbox"/>
14. Any condition that required surgery?	<input type="checkbox"/>	<input type="checkbox"/>
15. Any arthritic joint conditions?	<input type="checkbox"/>	<input type="checkbox"/>
16. Any infection?	<input type="checkbox"/>	<input type="checkbox"/>
17. Laminitis or founder?	<input type="checkbox"/>	<input type="checkbox"/>
18. As being in foal (state due date below)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Any past breeding or foaling problem?	<input type="checkbox"/>	<input type="checkbox"/>
20. If male, any disease or injury to testicles?	<input type="checkbox"/>	<input type="checkbox"/>
21. Any vices or objectionable habits?	<input type="checkbox"/>	<input type="checkbox"/>
22. Any contagious diseases on the property?	<input type="checkbox"/>	<input type="checkbox"/>
23. Any other condition that required medical or surgical attention?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has the USE of the animal changed in the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Explain any "yes" answers:		

I declare the animal shown above is owned by me, and I declare the animal shown above to be in good health and good condition, and warrant the truth of the above statements. I agree that the application, if accepted by Travelers, shall be the basis of the contract, and if anything be falsely stated or information withheld to influence Travelers' decision, the insurance contract shall be null and void.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

See General Fraud Statement Attached.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT'S SIGNATURE: _____ DATE: _____

NAMED INSURED:

MAILING ADDRESS:

LOCATION OF FARM OR STABLE:

GENERAL FRAUD STATEMENT

(Not applicable in California, Colorado, Kentucky, Louisiana, Maine, New Mexico, New York, Ohio, Pennsylvania, Virginia)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties

CALIFORNIA

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.

COLORADO

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the department of regulatory services.

KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits.

NEW MEXICO

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and that stated values of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

This notice is given as required by the laws of the State of Ohio.

PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties

VIRGINIA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and a denial of insurance.