STATEMENT OF CONDITION

ASHLEY LITTLE
INSURANCE AGENCY LLC

Name of Insured:_____

Address: _____

Phone: _____ Policy number if applicable:_____

Animal Information

Name of Animal: _____ Year of Birth: _____Sex:_____

Breed: _____Use:_____

Sum Insured:_____Purchase price and date:_____

Is this: ☐ New Business ☐ Renewal Business ☐ Additional Coverage Current Policy Number_____

Coverage Desired (Please check):

☐ Full Mortality ☐ Colic Coverage ☐ Stallion Permanent Disability ☐ Prospective Foal Insurance

☐ Major Medical

Co-Insurance: ☐ 20% Co- Insurance ☐ No Co-Insurance

Limit of Liability: ☐ $7,500 ☐ $10,000 ☐ $12,500 ☐ $15,000

Deductible: ☐ $500 ☐ $1,000

☐ Medical Assistance: $5,000

Co-Insurance: ☐ 20% Co- Insurance ☐ No Co-Insurance

☐ Surgery Coverage

Limit of Liability: ☐ $5,000 ☐ $10,000 ☐ $15,000

☐ Other Requirements: _____

_____

Use this form for animals valued under $100,000 and between 30 days of age and 16 years of age.

Health Information

1 Is the horse currently sound and healthy for use intended?
Yes:☐ No: ☐

2 Has the horse had any colic and/or intestinal disorders within the last 36 months? If surgical correction was made was there a resection?
Yes:☐ No: ☐

3 Does the horse have any conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/ founder, OCD, neurological disorders, navicular disease and/or Degenerative disease?
Yes:☐ No:☐

4 Has the horse been nerved or received any surgical treatment for lameness?
Yes:☐ No:☐

5 Has the horse been examined or treated by a veterinarian for other than routine care within the past year?
Yes:☐ No: ☐

6 Has the horse undergone diagnostic ultrasound and/or x-rays within the last 36 months?
Yes:☐ No:☐

7 Has the horse received any joint injections, any type of medication long or short term, or preventative treatments in the last 36 months?
Yes:☐ No:☐

8 For all Quarter horses, appaloosas or paints. Does the horse have any ancestor known to carry HYPP?
Yes:☐ No: ☐

9 If "YES" was answered to any question 2 through 7, please provide details below:

☐ I/We certify that to the best of our knowledge and belief, the above named HORSE(S) has/have not suffered any accident, injury, lameness condition, physi-cal disability, illness or disease that has not been fully declared on this Application Form and details provided on additional pages attached.

☐ I/We declare that:-
All answers and statements made in this application form are true and complete in every respect and no material information has been withheld which is likely to affect acceptance of this application form.

☐ I/We understand that should I/we have falsely stated or withheld information that could influence the Insurance Company's decision to issue an Insurance Policy, the Insurance Policy shall be null and void.

If accepted by the Insurance Company, this application form and declaration shall form the basis of the contract should an Insurance Policy be issued.

☐ I/We understand that under the terms and conditions of the Insurance Policy, I/we must give immediate notice if the HORSE suffers any accident, injury, lameness condition, physical disability, illness or disease during the PERIOD OF INSURANCE.

☐ I/We understand that under the terms and conditions of the Insurance Policy, there is no cover for claims arising from or attributable to any pre-existing condition that is existence either at or before the original inception date of the Insurance Policy or any subsequent renewal unless confirmed in writing by the Insurance Company.

Signature of Insured

Date_____