



2175 Point Boulevard Suite 185 • Elgin, IL 60123 • Phone 800.734.0598 • Fax 847.844.8284 • info@hallmarkhorse.com • www.hallmarkhorse.com

Statement of Health

Name of Applicant: _____ Phone: _____

E-mail Address: _____ Please note that unless specifically requested otherwise, all policies and documents will be sent by e-mail.

Address: _____ City: _____ State: _____ Zip: _____

Name of Horse: _____ Breed: _____ Height: _____ Sex: _____ Year of Birth: _____

Horse's Exact Use: _____ Level: _____ Insured Value †: _____
† Insured amount should not exceed the horse's current fair market value.

Policy Number: _____ Desired Effective Date: _____

Loss Payee or Additional Insured Name: _____

- 1. Is the horse currently sound and healthy for the use intended without the use of medications? Yes No
2. Has the horse had any past or present conformation problems, defects or ailments, illness or disease, injury or physical disability? Yes No
3. Has the horse had any lameness problems, including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, arthritis, and/or degenerative joint disease? Yes No
4. Has the horse had any colic or intestinal disorder within the last 36 months? Yes No
5. Has the horse been nerved or received any surgical treatment for lameness? Yes No
6. Has the horse been examined or treated by a veterinarian for anything other than routine care within the last year? Yes No
7. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No
8. Has the horse received any joint injections in the last 12 months? If yes, please specify joints injected, dates, and reasons for injections below. Yes No
9. Has the horse received any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No
10. Does the horse receive any other medications/supplements? Yes No
11. Are there any other current or prior health conditions to which the horse has been exposed? Yes No
12. Will the horse be outside the continental United States or Canada during the coverage period? If "Yes", please provide details including dates and locations for coverage consideration: Yes No

If the answer to question 1 is "No", please provide details below. If "yes" was answered to any question(s) 3 through 12, please provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work. (Use next page if needed.)

Please provide current information on the horse's show/competition record, training, or breeding information.

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature of applicant(s) of above named horse _____ Date: _____

Mortality coverage desired: Full Mortality Coverage (including Free Colic Surgery coverage*, Guaranteed Extension, Value Endorsement) Named Perils Coverage
* Subject to policy wordings

- Please check additional coverages desired. Additional premium is required.
Equine Catastrophic Accident and Illness (annual limit \$5,000)
Equine Medical and Surgical (annual limit \$7,500)
Equine Medical and Surgical (annual limit \$10,000)
Equine Medical and Surgical (annual limit \$15,000)
External Injury Only Loss of Use
Stallion Infertility for A, S & D
Third Party Liability (not available in MT or VT)
Territorial Limits Incl. Transit