

LEG Insurance Solutions, LLC
 LEGSequine.com
 480 W. Riverside Drive, Suite 1, Burbank, CA 91506
 Fax to bind immediate coverage: 818.748.1532 ♦ Phone 866.780.3713
 Email: info@legisequine.com ♦ CA DOI Lic. # 0G87809



STATEMENT OF CONDITION

Name and Address of Applicant: _____

Date _____

Policy # _____

To order your new/renewal coverage, please sign and date this statement after reading this Statement of Condition carefully. This document MUST be returned before the expiration date of the policy or a new veterinary certificate will be required. Do not sign and return earlier than 30 days before the expiration date.

ITEM NO.	HORSE NAME	BREED	AGE	SEX	USE	PURCHASE PRICE	AMOUNT OF INSURANCE	RATE
1)								
2)								
3)								

- | | Horse 1 | Horse 2 | Horse 3 |
|--|---|---|---|
| 1) Is the horse currently sound and healthy for use intended? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2) 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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3) Has the horse had any colic or intestinal disorder within the past 24 months, and if a surgical correction was made was a resection performed? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4) Has the horse been nerved or received any surgical treatment for lameness? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5) Has the horse been examined or treated by a veterinarian for other than routine care within the past year? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6) Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7) Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8) For All Quarter horses, Appaloosas or Paints. Does the horse have an ancestor known to carry HYPP?
If "YES" please indicate the HYPP Status. (Circle One) | Yes <input type="checkbox"/> No <input type="checkbox"/>
N/N N/H H/H | Yes <input type="checkbox"/> No <input type="checkbox"/>
N/N N/H H/H | Yes <input type="checkbox"/> No <input type="checkbox"/>
N/N N/H H/H |
| 9) If "YES" was answered to any question 2 through 7, please provide details below. | _____ | | |

STATEMENT OF CONDITION

I declare to the best of my knowledge and belief that the animal or animals listed on the above schedule to be in normal, healthy, and sound condition. I further declare that during the past policy year the above listed animals have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand and agree that this renewal statement shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Signature

Date