

Ranch & Equine Insurance Nationwide

DECLARATION OF HEALTH

800-776-8801

(To be completed by applicant)

FAX 405-396-8529

Horses valued **over** \$25,000 must have completed veterinarian exam.

At inception of the policy, all animals must be sound, healthy and have no known injury, illness, lameness or disease. Any pre-existing conditions are not covered, unless otherwise noted and agreed to by the company.

Owner's Name (Please Print): _____

Horse A: _____ **Horse B:** _____
Name Name

	Horse A		Horse B	
	Yes	No	Yes	No
1. To the best of your knowledge, is the horse, at present, normal in eyes, wind and action and does it, in your opinion, represent a normal risk for Mortality insurance? If no, give details _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has horse suffered from colic or any other gastro-intestinal related illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has there been any evidence of contagious or infectious disease in the location where horse is kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has horse been castrated, fired, blistered, nerved, operated on, or received treatment for lameness at any time? Included but not limited to OCO, DJD, Navicular, or Neurological Disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does horse have faulty conformation that could affect its ability to be used for the purpose described on this application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does horse receive any medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Appaloosas, Paints & Quarter Horses only: Has HYPP test been done? Results _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Coggins Test required to provide swamp fever coverage. Date of last Coggins _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative				

If you answered "yes" to questions #2-6, please indicate question number, horse's name and if it has fully recovered.

Policy will not be issued until the Company approves the applicant's **COMPLETED** application and premium payment is received. Money alone does not bind coverage. In the event the Company does not approved your application, your premium may be adjusted or will be refunded.

I hereby certify that to the best of my knowledge and belief, the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

I understand that no balance shall be carried by this office for more than ninety (90) days, policy will be cancelled at that time. All accounts over forty-five (45) days are subject to a 1.5% finance charge (18% APR) and that any late payments are subject to a \$10 LATE PAYMENT FEE. I understand that my past due account will be turned over to a collection attorney. All collection charges (35%) of principal balance, court costs, and fees shall be paid by the client and Ranch & Equine Insurance Nationwide will not be held liable for any damage to my credit rating.

INSURED SIGNATURE _____ **DATE** _____

PAYMENT METHOD: Check for total premium enclosed Check for 1/2 total premium enclosed Check for down payment enclosed
 Visa Mastercard

Card No.: _____ Exp. Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Check below if you would like additional information on any of the following coverages we offer:

- | | | |
|---------------------------------------|---|--|
| _____ Farm/Ranchowners | _____ Single Day Event Liability | _____ Stable/Commercial Equine Liability |
| _____ Major Medical | _____ Care, Custody & Control Liability | _____ Stallion Infertility Coverage |
| _____ Personal Horse Owners Liability | _____ Loss of Use Coverage | _____ Horse Club Liability |
| _____ Limited Mortality | | |