

**EXCALIBUR INSURANCE AGENCY** - An Appointed Agent of StarNet Insurance Company

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**HEALTH STATEMENT**

Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

<b><u>New Business:</u></b>  General Mortality – maximum value of \$25,000 (o.k. with Agreed Value / Guaranteed Renewal)  Veterinary Services & Surgical Coverage	<b><u>Renewals:</u></b>  General Mortality – maximum value of \$50,000 (o.k. with Agreed Value / Guaranteed Renewal)  Loss of Use I - maximum value of \$50,000 Loss of Use II – maximum value of \$50,000 (to age 12 only)  Veterinary Services & Surgical Coverage
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**THIS FORM IS ACCEPTABLE FOR HORSES THAT ARE AT LEAST NINETY (90) DAYS OLD BUT NOT MORE THAN FIFTEEN (15) YEARS OLD AND ARE NOT USED FOR RACING OR RACE TRAINING.**

Animal Name(s)	
1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

**IF ANY HORSE HAS OR HAD ANY DEFECTS, A COMPLETED VETERINARIAN EXAMINATION FORM MUST BE COMPLETED UNLESS THE COMPANY HAS PROVIDED WRITTEN APPROVAL PRIOR TO BINDING ANY COVERAGE.**

I declare to the best of my knowledge that the animals named above are currently and have been in sound health and free from any injury, illness, disease, lameness or disability of any kind. None of the animals listed above had any type of surgery and have not required treatment by a veterinarian for any injury, illness, disease, lameness or disability of any kind.

I UNDERSTAND THAT MY STATEMENT AND ANY INSURANCE THAT MAY BE ISSUED AS THE RESULT OF THIS STATEMENT MAY BECOME NULL AND VOID IN THE EVENT THAT I HAVE MISREPRESENTED, CONCEALED, OR OMITTED ANY MATERIAL FACT.

**x** \_\_\_\_\_  
Applicant Signature Date

**COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.**