

Statement of Condition



1113 Holland Street
Birmingham, MI 48009
800-432-1215
Fax 248-644-1404
Email: contact@equisportagency.com

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
Office Phone: _____ Cell Phone: _____ Fax: _____ Email: _____

In order to renew your coverage, kindly sign and date this certificate after reading the Statement of Condition carefully. This certificate MUST be returned before the expiration date of the policy. Do not sign and return earlier than 30 days before the expiration date.

Horse Name	Use	Insurance Value
1. Is the horse currently sound and healthy for use intended? If NO, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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? If YES, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the horse had any colic or intestinal disorder within the last 12 months and if a surgical correction was made was there a restriction? If YES, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has the horse been nerved or received any surgical treatment for lameness? If YES, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year? If YES, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Has the horse undergone diagnostic ultrasound or x-rays within the last 12 months? If YES, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Has the horse received any joint injections, any type of medication long or short term, or preventative treatments in the last 12 months? If YES, please specify joints injected, dates, and reason for injections: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are horses leased to another person? _____

IF YES, COPY OF LEASE AGREEMENT IS REQUIRED.

Name & address of lessee: _____

Statement of Condition: I declare to the best of my knowledge and belief the animals listed on the above schedule to be in normal healthy 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 certificate shall be the basis of the insurance contract and if anything be falsely state or information withheld to influence the company's decision, the insurance contract will be null and void.

Date: _____ Signature of Insured: _____

Please do not sign and return earlier than 30 days prior to the expiration date. It must be received prior to the policy expiration.

Thank You For Your Business!