

# STATEMENT OF HEALTH

**Ogden Insurance Agency, Inc.**  
**P.O. Box 230**  
**Petersburg, IL 62675**

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**Tel: 877-502-8995**  
**Fax: 217-632-2216**  
**www.ogdeninsurance.com**

Name and Address of Owner: \_\_\_\_\_ Business Telephone: (     ) \_\_\_\_\_  
 \_\_\_\_\_ Home Telephone: (     ) \_\_\_\_\_  
 \_\_\_\_\_ Fax Telephone: (     ) \_\_\_\_\_  
 \_\_\_\_\_ Broker's Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Name of any previous insurance company: \_\_\_\_\_

Name of Horse	Breed	Sex*	Height	Date of Birth	Exact Use	Level	Insured Amount †
A.							
B.							
C.							
D.							

\* G-Gelding, M-Mare, S-Stallion

† Insured amount should not exceed the horse's current fair market value.

1. Are all horses currently sound and healthy for the use intended? Yes  No
2. For all Quarter Horses, Appaloosas, or Paint horses.  
 Does any horse have an ancestor known to carry HYPP? Yes  No   
 If "Yes" is answered, please indicate the horse and HYPP status. (Circle one.) N/N    N/H    H/H  
 (Note: Coverage will not be considered without the disclosure of HYPP status.)
3. Does any horse have any past or present conformation problems, defects or ailments, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders, navicular disease, and/or degenerative joint disease? Yes  No
4. Has any horse had any colic or intestinal disorder within the last 36 months? Yes  No
5. Has any horse been nerved or received any surgical treatment for lameness? Yes  No
6. Has any horse been examined or treated by a veterinarian for anything **other** than routine care within the last year? Yes  No
7. Has any 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 any horse receive any other medications/supplements? Yes  No
11. Are there any other current or prior health conditions to which any horse has been exposed? Yes  No
12. Have all horses been dewormed at least every 90 days? Yes  No
13. Have all horses had at least semiannual influenza and Rhino pneumonitis inoculations? Yes  No
14. Have all horses had annual Tetanus, Encephalitis and West Nile Virus inoculations? Yes  No
15. Will the horse be outside the continental United States or Canada during the coverage period? Yes  No

If "yes" was answered to any question(s) 3 through 11, please provide details below. Include onset date, treatment, how condition resolved, and when the horse returned to full work. For question 15, provide details including dates and locations for coverage consideration.

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*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 owner(s) of above named animal**

Date: \_\_\_\_\_  
 (must be no more than 30 days prior to policy effective date)