



**All American Horse Insurance**  
 PO Box 300384 Glenwood, UT 84730  
 Ph: 435.8964593 Fax: 435-893-0920  
 allamericanhorseinsurance@gmail.com

## STATEMENT OF HEALTH

Name of Insured \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Horse \_\_\_\_\_ Breed \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Horse's Exact Use \_\_\_\_\_ Level \_\_\_\_\_ Insured Value \_\_\_\_\_

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

Name of any previous insurance company \_\_\_\_\_

Loss Payee or Additional Insured Name \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is the horse currently sound and healthy for the use intended?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. For all Quarter Horses, Appaloosas, or Paint horses.<br>Does the horse have an ancestor known to carry HYPP?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" is answered, please indicate the HYPP status. (Circle one.)<br>(Note: Coverage will not be considered without the disclosure of HYPP status.)   |                              | N/N    N/H    H/H           |
| 3. Does the 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has the horse had any colic or intestinal disorder within the last 36 months?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Has the horse been nerved or received any surgical treatment for lameness?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Has the horse been examined or treated by a veterinarian for other than routine care within the last year?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Does the horse receive any other medications / supplements?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Are there any other current or prior health conditions to which the horse has been exposed?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**If "yes" was answered to any questions(s) 3 through 10, please provide details below.**

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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)*