

AGENT NAME/ADDRESS/AGENCY #

1-800-328-0278

LAWRENCE EQUINE AGENCY

620 MAIN ST. P. O. BOX 48

RED WING, MN 55066

LIVESTOCK MORTALITY HEALTH STATEMENT

FOR HORSES VALUED AT \$25,000 OR LESS

INSURED'S NAME

PREVIOUS/CURRENT POLICY NUMBER (IF APPLICABLE)

ANIMAL NAME(S)

This form is acceptable for: non-racing horses ages 6 months through 15 years old, not requesting Loss of Use coverage and horses that have not had any illness, injury, lameness, or disease. A satisfactory veterinarian certificate will be required for all others.

**ANY EXCEPTIONS FOR HEALTH CONDITIONS REQUIRE
COMPANY APPROVAL BEFORE COVERAGE CAN BE BOUND.**

I hereby certify to the best of my knowledge that the above-named horses have not had any illness, injury, lameness, or disease, including - but not limited to - colic, colic surgery, nerving, degenerative joint disease, laminitis or founder. (For renewals, this certification applies to the last 12 months only.)

I understand that coverage is void if any material fact has been omitted, concealed, or misrepresented on this form.

INSURED'S SIGNATURE

X

DATE

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