



# STATEMENT OF CONDITION



Policy #: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To order your new coverage or renew your current coverage, please complete this form and after carefully reading the Statement of Condition, sign and date this form. This form MUST be returned before the policy expiration date or a new veterinary certificate will be required. Please sign and return no earlier than 30 days prior to the policy expiration date.

**New Business** – Use this form for animals valued at \$100,000 or less  
**Renewal** – Use this form for animals of any value under the age of 15 or animals ages 15-20 valued under \$50,000

Horse	Name	Breed	Sex	Age	Use	Purchase Price	Amount of Insurance
1	_____	_____	____	____	_____	_____	_____
2	_____	_____	____	____	_____	_____	_____
3	_____	_____	____	____	_____	_____	_____

	Horse 1		Horse 2		Horse 3	
1 Is the horse currently sound and healthy for use intended?	Yes	No	Yes	No	Yes	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?	Yes	No	Yes	No	Yes	No
3 Has the horse had any colic or intestinal disorder within the last 24 months and if a surgical correction was made was there a resection?	Yes	No	Yes	No	Yes	No
4 Has the horse been nerved or received any surgical treatment or lameness?	Yes	No	Yes	No	Yes	No
5 Has the horse been examined or treated by a veterinarian for other than routine care within the past year?	Yes	No	Yes	No	Yes	No
6 Has the horse undergone diagnostic ultrasound or x-rays within the last 36 months?	Yes	No	Yes	No	Yes	No
7 Has the horse received any joint injections, any type or medication long or short term, or preventative treatments in the last 12 months?	Yes	No	Yes	No	Yes	No
8 For All Quarter horses, Appaloosas or Paints. Does the horse have an ancestor known to carry HYPP? If "YES" please indicate the HYPP Status.	Yes	No	Yes	No	Yes	No
	N/N	N/H	H/H	N/N	N/H	H/H
9 If "YES" was answered to any question 2 through 7, please provide details below.	_____ _____ _____					

## STATEMENT OF CONDITION

I declare to the best of my knowledge and belief the animal or 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 stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### Connect with us:

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