



Agent Name, Address & Telephone #:

GLOBAL INSURANCE ALLIANCE INC.
13633 N. Catclaw Ct. Fountain Hills, AZ 85268
480-816-5665 (Fax) 480-837-5641
web site www.globalinsaz.com

WP

STATEMENT OF HEALTH

Name of Insured: Phone Number:

Address: City: State: Zip:

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: Desired Effective Date:

Loss Payee or Additional Insured Name:

- 1. Is the horse currently sound and healthy for the use intended? Yes No
2. For all Quarter Horses, Appaloosas, or Paint horses. Does the horse have an ancestor known to carry HYPP? Yes No
If "Yes" is answered, please indicate the HYPP status. (Circle one.) 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 No
4. Has the horse had any colic or intestinal disorder within the last 36 months? Yes No
5. Has the horse been nerved or received any surgical treatment for lameness? Yes No
6. Has the horse been examined or treated by a veterinarian for other than routine care within the last year? Yes No
7. Has the horse undergone diagnostic ultrasounds, X-rays, or bone scans within the last 36 months? Yes No
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 No
9. Does the horse receive any other medications/supplements? Yes No
10. Are there any other current or prior health conditions to which the horse has been exposed? Yes No
11. 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 10, please provide details below. Include onset date, diagnosis, treatment, how condition resolved, and when the horse returned to full work. For question 11, provide details including dates and locations for coverage consideration.

Three horizontal lines for providing details for questions 3-11.

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)