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Charleston, WV 25360
Email completed form to:
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Cowley Insurance Agency
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304-984-9404 Office
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INSURED'S STATEMENT OF HEALTH

(Valid if received by the Company within 15 days of completion)

NAME OF HORSE:_____   APPLICANT: _____

Has your horse exhibited, been diagnosed or been treated for any of the following:	Yes	No
1. Lung or respiratory problems?		
2. Heart trouble (heart murmur, etc.)?		
3. Disorder of the kidney, bladder or urinary system?		
4. Diseases of the eyes?		
5. Blood disorder?		
6. Abnormal pulse?		
7. Temperatures above or below normal?		
8. Bleeding on exercise?		
9. Navicular disease (neurectomy)?		
10. Condition requiring blistering?		
11. Colic or digestive upset?		
12. Is there any lameness, unsoundness of limb or faulty conformation?		
13. Any accident?		
14. Condition that required surgery?		
15. Arthritic joint conditions?		
16. Infection of any kind?		
17. Laminitis or founder?		
18. If mare, being in foal? (state due date below)		
19. Any past breeding or foaling problems?		
20. If male, any disease or injury to testicles?		
21. Vices or objectionable habits?		
22. Contagious diseases on property?		
23. Condition that required medical or surgical attention?		

Explain any "yes" answers below:

_____

_____

_____

I declare the above animal is owned by me, and I declare the above animal to be in good health and condition, and warrant the truth of the above statements. I agree that the application, if accepted by the Company, shall be the basis of the contract, and if anything be falsely sated or information withheld to influence the Company's decision, the insurance contract shall be null and void. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S SIGNATURE:_____ DATE:_____

AGENT'S SIGNATURE: _____ DATE:_____