

Veterinarian Examination Form

Agent Name: _____ Telephone Number: _____ E-Mail: _____	Agent Address: _____ _____
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Horse(s) owned by: _____

Horses examined:				
1) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____
2) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____
3) Name: _____	Age: _____	Sex: _____	Breed: _____	Use: _____

To the best of your knowledge, are there now or have there ever been any:

	Horse #1	Horse #2	Horse #3
a) pulse, respiration or temperature abnormalities?	_____	_____	_____
b) eyes or vision defects?	_____	_____	_____
c) heart defects or heart murmurs?	_____	_____	_____
d) bleeding, nerving, firing or blistering?	_____	_____	_____
e) gastrointestinal disorders or colic incidents?	_____	_____	_____
f) operations performed?	_____	_____	_____
g) lameness or unsoundness of limbs?	_____	_____	_____
h) conformation faults?	_____	_____	_____
i) vices or objectionable habits?	_____	_____	_____
j) indications of contagious disease on the premises or in the area?	_____	_____	_____
k) medical facts affecting life, health or use?	_____	_____	_____
l) dangers to life or limb related to an illness, injury or disease?	_____	_____	_____

Additional questions:

m) If female, is she in foal? (provide due date)	_____	_____	_____
n) If female, any breeding or foaling problems?	_____	_____	_____
o) If male, has he been gelded?	_____	_____	_____
p) If male, any problems with testicles?	_____	_____	_____

Questions for foals under 30 days (not examined before 24 hours):

q) Were there any foaling complications?	_____	_____	_____
r) Is the foal an orphan?	_____	_____	_____
s) Has the foal received any medication?	_____	_____	_____
t) Is CBC normal?	_____	_____	_____
u) IgG level – provide measurement	_____	_____	_____

Please explain any 'yes' answers, including dates and treatment given. Also, advise how any operation, illness, injury or disease will affect the life, health or use of the animal: _____

I have examined the horse(s) named above, at rest and while in motion.

Veterinarian's Signature: X _____ **Date of Exam:** _____

Time of Exam: _____

Veterinarian's Name: _____ Address: _____ Telephone Number (_____) _____ Facsimile Number (_____) _____

COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.
*****RETURN THIS COMPLETED FORM TO THE INSURANCE AGENT.*****
PLEASE DO NOT MAIL DIRECTLY TO BERKLEY EQUINE & CATTLE.



Insurance Carrier: StarNet Insurance Company
U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005, (866) 298-5525

Producer Name & Address:

HEALTH STATEMENT

Acceptable for horses that are at least ninety (90) days old but no older than fifteen (15) years old and fit the following New Business or Renewal criteria:

<p>NEW BUSINESS: General Mortality – maximum limit of insurance of \$100,000 (o.k. with Agreed Value/Guaranteed Renewal) Veterinary Services & Surgical Coverage</p>	<p>RENEWALS: General Mortality – maximum limit of insurance of \$100,000 (o.k. with Agreed Value/Guaranteed Renewal) Loss of Use I – maximum limit of insurance of \$100,000 Loss of Use II – maximum limit of insurance of \$100,000 (to age 12 only) Veterinary Services & Surgical Coverage</p>
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Name of Insured: _____

Horse #	Name of Horse:	Age	Sex	Breed	Use	Purchase Price	Date of Purchase	Requested Limit of Insurance
1								
2								
3								
4								
5								
6								

Answer Yes or No to the following questions for each horse listed above:		Horse #1	Horse #2	Horse #3	Horse #4	Horse #5	Horse #6
1	Does horse receive quarterly deworming?						
2	Does horse receive all annual and semi-annual vaccinations as recommended by your vet?						
3	Are there currently any health or lameness issues?						
4	Has the horse been nerved or had any surgical treatment for lameness?						
5	Has the horse been examined or treated by a veterinarian for other than routine care in the last 12 months?						
6	Has the horse had colic or any intestinal disorder in the last 12 months?						
7	Has the horse ever had colic surgery?						
8	Has the horse ever been treated for navicular disease, arthritis or degenerative joint disease?						
9	If horse is a mare, has she ever had any birthing difficulties?						

If "Yes" was answered to any question(s) numbered 3 through 9 above, please provide details: _____

I declare to the best of my knowledge that the horses named above are currently and have been in sound health and free from any injury, illness, disease or disability of any kind. If this is a renewal of my policy coverage, I declare that during the past policy year the horses listed above have been free from any injury, illness, disease or disability of any kind.

I UNDERSTAND THAT MY STATEMENT AND ANY INSURANCE THAT MAY BE ISSUED AS THE RESULT OF THIS STATEMENT MAY BECOME NULL AND VOID IN THE EVENT THAT I HAVE MISREPRESENTED, CONCEALED, OR OMITTED ANY MATERIAL FACT.

X _____ Date _____
Applicant Signature

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a Berkley Company

Insurance Carrier: StarNet Insurance Company
 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 • (866) 298-5525

Justification Of Value Form

Insured Name

Agent Name

Horse Name

Policy Number

SHOW HORSES (LAST 5 SHOWS)

Name of Show	Date(s)	Level / Class	Number in Class	Placing	Points / %

TRAINING FEES (excluding boarding charges)

Number of Months in Training:	Cost Per Month:
Level Currently Training At:	Additional Comments:
Name of Trainer:	

BREEDING STALLIONS

Number of Non-Owned Mares <u>Booked</u> Last Year	Number of Non-Owned Mares <u>Bred</u> Last Year	Stud Fee Charged	Number of Non-Owned Mares Declared in Foal	Last Year's Annual Breeding Income*

Number of Non-Owned Mares <u>Booked</u> For This Year	Number of Non-Owned Mares <u>Bred</u> This Year	Stud Fee Charged	Number of Non-Owned Mares Declared in Foal	This Year's Annual Breeding Income To Date*

* Breeding Income is defined as the amount of money that was earned in that particular year when stud fees were paid to you after the fulfillment of breeding contracts.

Any Additional Information on Stallions Get:

BROODMARES

Name Of Stallion Mare is Currently In foal To:	Stud Fee Paid To Breed To This Stallion	Number of Years This Mare Has Been Breeding	Total Number of Live Foals This Mare Has Had	Total Number Of Foals Sold Out Of This Mare	Highest Price Paid For Any One Foal Sold	Average Price Paid For All Foals

Any Additional Information on Mares Offspring:

RACING HORSES

OVERALL RESULTS

	OVERALL	BLACK TYPE	ALLOWANCE
Starts:			
1 st Place:			
2 nd Place:			
3 rd Place:			
Total Earnings:			

LAST 3 RACES

Track	Date	Conditions of Race	Placing Earnings

FOALS & YEARLINGS

Sire's Name:	
Dam's Name:	
Stud Fee Paid on Sire:	

Any Additional Pedigree Information That Would Add To The Value: