



HENRY EQUESTRIAN PLAN DECLARATION OF HEALTH

HEP – MGA (A Division of Wayfarer Insurance Brokers Ltd.)

Underwritten By Elite Insurance Company

TO BE COMPLETED AND SIGNED BY THE HORSE'S OWNER. ALL VALUES ARE SUBJECT TO REVIEW BY UNDERWRITING.

1. APPLICANT'S (OWNER'S)

NAME	EMAIL ADDRESS
HOME PHONE NUMBER	CELL PHONE NUMBER
DO YOU HAVE AN EXISTING HEP POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO POLICY NUMBER: _____	

2. HORSE INFORMATION

NAME	SEX GELDING: <input type="checkbox"/> STALLION / COLT: <input type="checkbox"/> MARE / FILLY: <input type="checkbox"/> MARE IN FOAL: <input type="checkbox"/>	BREED	USE*	COLOUR	YEAR OF BIRTH
------	---	-------	------	--------	---------------

* HORSES USED FOR COMMERCIAL PURPOSES OR RACING ARE NOT WRITTEN (EXCEPT LESSON HORSES AS PER GUIDELINES)

3. PLEASE READ CAREFULLY AND ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE

To your knowledge, has the above horse:	YES	NO
1. Suffered from ANY form of colic or other intestinal or digestive disorder or stomach ulcers	<input type="checkbox"/>	<input type="checkbox"/>
2. Undergone ANY surgery	<input type="checkbox"/>	<input type="checkbox"/>
3. Had ANY current or past lameness, fractures, tendon, or ligament injury or ANY other accident, injury, illness, or disease	<input type="checkbox"/>	<input type="checkbox"/>
4. Suffered from melanomas, sarcoids, warts or ANY other type of growth or tumor	<input type="checkbox"/>	<input type="checkbox"/>
5. Received during the last 12 months, ANY attention from any Veterinarian, Veterinary Surgeon, Physiotherapist, Chiropractor or Acupuncturist for any reason other than routine vaccinations or obstetric work	<input type="checkbox"/>	<input type="checkbox"/>
6. Received ANY other form of treatment for medical or preventative purposes (including corrective shoeing)	<input type="checkbox"/>	<input type="checkbox"/>
Does the above horse have:	YES	NO
7. ANY objectionable habits, vices or behavioral issues	<input type="checkbox"/>	<input type="checkbox"/>
8. ANY Injury, Illness, Disease or Medical Condition that should be brought to the company's attention	<input type="checkbox"/>	<input type="checkbox"/>

4. EXPLAIN ANY YES ANSWERS – Include the month and year of the Medical Condition

I hereby confirm the above horse is currently sound, healthy and free from any Medical Condition YES NO

5. VETERINARIAN INFORMATION

NAME OF REGULAR VETERINARIAN	PHONE NUMBER	EMAIL ADDRESS
------------------------------	--------------	---------------

I give permission for the company to contact my Veterinarian or Agent responsible for the horse to inquire about the health or treatment of the horse.
 General Condition: The Horse must be vaccinated, and remain on a regular vaccination program administered by a Veterinarian

6. EQUINE DISCLOSURE

I understand and agree that immediate notice and full details of any accident, injury, illness, disease or medical condition, or death of the animal will be given to the Insurer. I agree that the signing and filing of this application does not bind the Insurer and no insurance shall be deemed effective unless and until this application is received and accepted by the Insurer and any binder of coverage shall then be effective only upon receipt by the Insurer.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	