



**Insurance Carrier: StarNet Insurance Company**

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

**Producer Name & Address:**  
**DMP Equine Insurance Services**  
**P.O.Box 28**  
**Newton, NC 28658**

### HEALTH STATEMENT

*Acceptable for horses that are at least ninety (90) days old but no older than sixteen (16) years old and fit the following New Business or Renewal criteria:*

**NEW BUSINESS:**

General Mortality – maximum limit of insurance of \$100,000

**RENEWALS:**

General Mortality – maximum limit of insurance of \$100,000

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)

**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 <b>Yes</b> or <b>No</b> 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 regular 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:

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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 \_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**COVERAGE IS BOUND ONLY WHEN A BINDER HAS BEEN ISSUED BY THE COMPANY.**