

STALLION STATEMENT OF BREEDING CONDITION

INSURED NAME AND ADDRESS:

Policy #

Due Date

PHONE NUMBER: - -

	NAME OF STALLION(S)	BREED	AGE	STUD FEE
1 -				
2 -				
3 -				
4 -				
5 -				

BREEDING METHOD:

* Pasture Breeding?

	Artificial Insemination	Live Cover	Both	YES	NO
1 -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Note: ASD Coverage not available on pasture breeding stallions without prior company approval.)

BREEDING HISTORY:-

	# of mares bred last year	# of mares conceived	# of mares booked this season	
			Owned	Outside
1 -				
2 -				
3 -				
4 -				
5 -				

I declare to the best of my knowledge and belief that the stallion(s) listed above is in normal, healthy and breeding sound condition. **I further declare that to the best of my knowledge and belief during the past 3 years, the above stallion has been free from any illness, injury, disease or accident and has not had less than 75% fertility to mares bred.** I understand and agree that this Statement of Breeding Condition shall be the basis of the Insurance contract and if anything is falsely stated or if information is withheld to influence the Company's decision to issue coverage, the Insurance contract will be null and void. Any exceptions must be noted:

DATE SIGNED

SIGNATURE OF INSURED