

EQUINE INSURANCE CENTER
P. O. Box 129
Liberty, NC 27298
Phone (336) 622-1770 Toll Free (888) 335-3338
Fax (336) 622-7783
www.equineinsurancecenter.com

STALLION STATEMENT OF BREEDING CONDITION

INSURED NAME AND ADDRESS:

PHONE NUMBER: _____

<u>NAME OF STALLION</u>	<u>BREED</u>	<u>AGE</u>	<u>STUD FEE</u>
-------------------------	--------------	------------	-----------------

BREEDING METHOD:

Artificial Insemination _____ Live Cover _____ Both _____ * Pasture Breeding? Y / N

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

BREEDING HISTORY:

Number of mares bred last year _____ Number of mares concieved _____

Number of mares booked this season: Owned _____ Outside _____

I declare to the best of my knowledge and belief that the stallion 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