

CANADIAN LIVESTOCK INSURANCE

LIVESTOCK MORTALITY DECLARATION OF HEALTH

FOR HORSES VALUED AT \$10,000 OR LESS

INSURED'S NAME

PREVIOUS/CURRENT POLICY NUMBER

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ANIMAL NAME(S)

AGE

SEX

BREED

USE

ANIMAL NAME(S)	AGE	SEX	BREED	USE

This form is acceptable for horse's ages 1 through 15, not requesting Major Medical, Surgical or Loss of Use Coverage and horses that have not had any illness, injury, lameness, or disease. A satisfactory veterinarian certificate will be required for all others.

ANY EXCEPTIONS FOR HEALTH CONDITIONS REQUIRE COMPANY APPROVAL BEFORE COVERAGE CAN BE BOUND.

I hereby certify that the above-named horses have not had any illness, lameness, or disease, including - but not limited to - colic, colic surgery, nerving, degenerative joint disease, laminitis, or founder. (For renewals, this certification applies to the last 12 months only.)

I understand that coverage is void if any material fact has been omitted, concealed, or misrepresented on this form.

X	/ /
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Insured's Signature

Date

CANADIAN LIVESTOCK INSURANCE 480 University Ave., Ste. 412, Toronto, Ontario, M5G 1V2
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