

***** J U S T I N I N S U R A N C E *****
 "The Performance Horse Specialist"

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STALLION STATEMENT OF BREEDING CONDITION

CLIENT'S NAME & ADDRESS:

NAME OF STALLION: _____

BREED: _____

AGE: _____

CURRENT STUD FEE: _____

BREEDING METHOD:

Artificial Insemination: _____ Live Cover: _____ Both: _____

Pasture Breeding? Yes / No

*(Note AS&D 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: _____

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 _____