YOUR MANE INSURANCE SOURCE 877 Noyes Rd., Arroyo Grande, CA 93420 Phone: (805) 473-2227 Fax: (805) 473-0202 Lic #: 0B57610

LAUREL FOWLER INSURANCE BROKER INC.

STATEMENT OF CONDITION

NAMED INSURED	PF	IONE NUMBER:	
ADDRESS:			<u>-</u>
CHECK COVERAGFS DESIRED:	Full Mortality	Major Medical	Surgical
EFFECTIVE DATE DESIRED:			
HORSES TO BE INSURED:			
# NAME B	REED/AGE/SEX/USE	DATE OF PURCHASE PURCHASE PRICE	AMOUNT OF INSURANCE
].	<u> </u>		
1. Is the horse currently sound a	•		YesNo
 Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to laminitis/founder, OCD, neurological disorders, navicular disease and/or degenerative joint disease? Yes No			
3. Has the horse had any colic or intestinal disorder?			YesNo
4. Has the horse been nerved, undergone diagnostic ultrasound or X-rays, or received any surgical treatment for lameness?			YesNo
5. Has the horse been examined or treated by a veterinarian for other than routine care within the past year?			YesNo
6. Has the horse received any joint injections, any type of medication, long or short term, or any preventative treatments in the last 12 months?			YesNo
7. If "yes" was answered to any question 2 through 7, please provide details below.			
I declare to the best of my knowlere in normal, healthy and sound DISEASE OR ACCIDENT. I unbasis of the Insurance contract an influence the Company's decision	l condition and have nderstand and agree t nd if anything is false	been free from any ILLN that this Statement of Corely stated or if information	ESS, INJURY, ndition shall be on is withheld to
DATE SIGNED	SIGNA	TURE OF INSURED	•