

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

STALLION STATEMENT OF BREEDING CONDITION

INCUPED NAME		DOLLOV NI IMPER		
INSURED NAME		POLICY NUMBER		
NAME OF HORSE	BREED		AGE	STUD FEE
TWINE OF HORSE	BILLED		7.02	0.05.22
Breeding Method:				
☐ Artificial Insemination ☐ Live Cover ☐ Both				
□ Pasture Breeding? *(Note: A, S&D coverage not available on pasture breeding stallions without prior company approval)				
Breeding History:				
Number of marce bred last year:				
Number of mares bred last year:				
Number of mares conceived:				
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 belie any illness, injury, disease or accident and has not had less			e stallion has	been free from
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.	ompany a decision t	o issue coverage, ii		CONTRACT WIII DC
Any exceptions must be noted:				
Signature of Insured:		Date:		