Kiger Insurance, Inc.

DECLARATION OF HEALTH

Name of Horse(s):

1.)

2.)

3.)

4.)

5.)

6.)

The undersigned, hereby affirms that the aforedescribed animal(s) is in good health and presently normal in conformation, eyes, heart, wind and action and, further, has not had any illness, disease, injury, lameness, tendon or ligament injury, intestinal or digestive disorder, surgery (including castration) or loss of foal (if broodmare) during the past 12 months with the exception of the condition(s) listed below, to the best of my knowledge and belief, and that the undersigned is the sole owner of record of these animals. I understand that Underwriters are issuing insurance in reliance upon the information I am now disclosing.

Date:

_____

Owner:

Exceptions:

_____

_____

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