



**CUNNINGHAM**  
**CUNNINGHAM &**  
**LIVESTOCK INC.**

**Certificate of Health**

One Railroad Ave., 2-1  
 Goshen, NY 10924  
 Tel. No. (845) 291-1123 or (877) 342-7637  
 Fax No. (845) 291-1128  
 E mail: [sara@cunninghamlivestock.com](mailto:sara@cunninghamlivestock.com)

Name of Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone: \_\_\_\_\_  
 Cell Telephone: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
 Fax Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

\*(G-Gelding, M-Mare, S-Stallion, C- Colt, F-Filly)

Name of Horse	Age	Sex*	Breed	Amount	Use	Purchase Price	Purchase Date

**STATEMENT OF HEALTH**

I declare to the best of my knowledge and beliefs that the animal (s) listed on the below schedule are in normal, healthy, and sound condition. I further declare that to the best of my knowledge and belief that during the past policy year, the above animal (s) have been free from any ILLNESS, INJURY, DISEASE, or ACCIDENT. He/She has not been exposed to any contagious or infectious diseases, nor has He/She been subjects to attacks of colic or laminitis. I understand and agree that this Statement of Health shall be the basis of the Insurance contract and that if anything is falsely stated or if the 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.

**FRAUD CLAUSE**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

**DECLARATION**

I, the undersigned hereby apply to insure the above mentioned animals owned by me, subject to the terms and conditions of the policy to be issued, and I declare that to the best of my knowledge and belief the statements are true and complete and that I have not withheld any material information. Signing this form does not bind the applicant to complete to the insurance but it is agreed that this form shall be the basis of the contract. Should a policy be issued and if anything is falsely stated or information withheld to influence the Company's decision the insurance contract may be null and void.

DATE: \_\_\_\_\_ SIGNED: X \_\_\_\_\_

**I acknowledge that I must give immediate notice of any illness or injury to the holding Insurance Company.**

DATE: \_\_\_\_\_ SIGNED: X \_\_\_\_\_