



JERRY PARKS EQUINE INSURANCE, INC.  
PARKS INSURANCE CORPORATION

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Telephone 352 237 2164  
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**STATEMENT OF HEALTH AND CONDITION**

**INSURED** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

DURING THE PAST TWELVE (12) MONTHS **OR** TO THE BEST OF YOUR KNOWLEDGE FOR:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

(1) Has the aforementioned animal(s) suffered from or been treated for:

	(1)				(2)				(3)			
A) COLIC	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
B) COLIC RELATED ILLNESS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
C) LAMINITIS/FOUNDER	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
D) DEGENERATIVE JOINT DISEASE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
E) NEUROLOGICAL DISORDER	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
F) OCD LESIONS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
G) EPM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
H) NAVICULAR DISEASE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

(2) Has the aforementioned animal(s) suffered from any other injury, illness, disease or undergone any surgery?  
YES  NO  YES  NO  YES  NO

(3) Has there been any evidence of contagious or infectious disease where the animal(s) is/are boarded?  
YES  NO  YES  NO  YES  NO

(4) Has the above listed animal(s) been castrated, fired, blistered, de-nerved, operated on or received treatment for lameness?  
YES  NO  YES  NO  YES  NO

(5) Has the above listed animal(s) received any medication on a short term or long term basis?  
YES  NO  YES  NO  YES  NO

(6) Does the animal(s) have any vices, objectionable habits or faulty conformation that could affect its ability to be used for the purpose described herein?  
YES  NO  YES  NO  YES  NO

(7) Does the animal(s) have any melanomas, sarcoids, tumors, cysts or any other type of growth?  
YES  NO  YES  NO  YES  NO

(8) If "yes" to any question from (1) to (7), has animal(s) fully recovered?  
YES  NO  YES  NO  YES  NO

FURNISH DETAILS INCLUDING **DATE** OF INJURY/ILLNESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: THE INSURANCE COMPANY  
RESERVES THE RIGHT TO EXCLUDE  
COVERAGE FOR A MEDICAL CONDITION  
WHICH PRE-EXISTS THE INCEPTION  
DATE OF THE POLICY.**

**STATEMENT OF CONDITION**

I declare to the best of my knowledge and belief that the animal(s) listed on the above schedule are in normal, healthy, sound, condition. I further declare that during the past twelve months, the above listed animal(s) have been free from any **ILLNESS, INJURY, DISEASE, OR ACCIDENT**. I understand and agree that this certificate shall be the basis of the insurance contract, and if anything is falsely stated or information is withheld to influence the company's decision to bind coverage, the insurance contract will be null and void. Any exceptions must be noted \_\_\_\_\_.

**Immediate notice must be given of ALL illness, disease, lameness, injury, death, accident or elective or emergency veterinary treatment involving any animal insured under this policy. Notice may be given by you, your representative or other person having care, custody and control of such animal.**

**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.**

DATE SIGNED

PRINT NAME

SIGNATURE OF INSURED