



LAUREL FOWLER
INSURANCE BROKER INC.

YOUR MANE INSURANCE SOURCE

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Phone: (805) 473-2227 Fax: (805) 473-0202
Lic #: 0B57610

Agent: Diana Humphries

STALLION STATEMENT OF BREEDING CONDITION

INSURED NAME	POLICY NUMBER
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NAME OF HORSE	BREED	AGE	STUD FEE
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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 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 belief that during the past 3 years, the above stallion has been free from any illness, injury, disease or accident and has not had less than 75% fertility to mares bred.

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.

Any exceptions must be noted:

Signature of Insured: _____ Date: _____