

AGRICULTURAL INSURANCE COMPANY

A Member of

The Great American Insurance Companies

580 Walnut Street, Cincinnati, Ohio 45202

EQUINE DIVISION

**LOSS OF USE ENDORSEMENT
SUPPLEMENTAL QUESTIONNAIRE**

Owner: _____

Horse: _____

Age: _____ Breed: _____ Use: _____

1. Has your horse displayed any soundness problems or sickness during the past two years or since purchase (whichever is sooner)? _____

If so, detail dates, type of injury or sickness, treatment, and name of veterinarian.

2. Has your horse been treated with any performance enhancing drugs or therapy such as Hock injections, acupuncture, massage therapy, or regular use of Bute during the past two years or since purchase (whichever is sooner)? _____

If so, list treatment and frequency. Indicate specific medical reason or indicate preventative measures only:

3. Are you aware of all treatments to your horse whether administered by a Veterinarian, a therapist or your trainer? _____

I understand and agree that this Questionnaire 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.

Date

Signature