



# JUSTIN INSURANCE

**EQUINE AND RANCH SPECIALISTS**

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www.justininsurance.com

## STALLION STATEMENT OF BREEDING CONDITION

<b>INSURED NAME:</b> Chuck & Mary Crago		<b>POLICY NUMBER:</b> 6078687	
<b>ADDRESS:</b> 17155 Old Hwy 85, Belle Fourche, SD 57717			
<b>STALLION'S NAME:</b> HIGH ROAD TA FAME		<b>STUD FEE:</b>	<b>BREED:</b> QH <b>AGE:</b> 2015

### BREEDING METHOD:

Artificial Insemination: \_\_\_\_\_ Live Cover: \_\_\_\_\_ Both: \_\_\_\_\_ Pasture Breeding: Yes ( ) No ( )

\* Note: AS&D Coverage is not available on pasture breeding stallions without prior Company approval.

Was frozen semen used? Yes ( ) No ( )

If frozen semen was used, how much is frozen/stored? \_\_\_\_\_

### BREEDING HISTORY:

Number of mares bred last year: \_\_\_\_\_ Number of mares conceived: \_\_\_\_\_

Number of mares booked this season: \_\_\_\_\_

How many mares are: 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 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature