



**AGRICULTURAL INSURANCE COMPANY
EQUINE DIVISION**

INSURED _____

ADDRESS _____

TELEPHONE _____

EXPIRATION DATE _____

POLICY NUMBER _____

To order your renewal coverage, kindly sign and date this certificate, after reading the Statement of Condition carefully. This certificate **MUST** be returned before the expiration date of the policy or a new veterinary certificate will be required. Do not sign and return earlier than 30 days before the expiration date.

**THIS FORM APPLIES ONLY TO ANIMALS CURRENTLY INSURED FOR
\$50,000.00 (Fifty Thousand Dollars) or less**

ITEM -NO-	NAME	BREED	AGE	SEX	USE	PURCHASE PRICE	AMOUNT OF INSURANCE	RATE
(1)						\$	\$	
(2)						\$	\$	
(3)						\$	\$	

STATEMENT OF CONDITION

I declare to the best of my knowledge and belief the animal or animals listed on the above schedule to be in normal healthy sound condition. I further declare that during the past policy year the above listed animals have been free from any **ILLNESS, INJURY, DISEASE OR ACCIDENT**. I understand and agree that this renewal certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract will be null and void.

Signature of Insured

Date Signed

Minimum policy premium: **\$450.00**

Premium charge if value of animal(s) remains the same is as follows:

Base Premium 1 \$ _____ 2\$ _____ 3\$ _____ Total Premium \$ _____

Major Medical \$ _____ 2\$ _____ 3\$ _____