

HEALTH STATEMENT

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|-------------------------------------|-------------------------------------|
| INSURED'S NAME | POLICY NUMBER |
| ANIMALS' NAMES | |
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

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|--|------|
| I hereby certify that the above-named animals have not had any illness, injury, or disease in the past 12 months. | |
| SIGNATURE | DATE |

| Please list any health exceptions and include date and details of treatment. | | |
|--|--------------|---------------------|
| Date | Veterinarian | Condition/Treatment |
| | | |
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If the Insured cannot certify that the animals have not had any illness, injury, or disease, then a satisfactory veterinary certificate will be required prior to binding mortality coverage. If any exceptions are noted, mortality coverage will be subject to company acceptance before binding.



Remember - You can get vet certificates, applications, and health statements any time. Just go directly to
www.classiconweb.com/download.htm