



TAYLOR HARRIS INSURANCE SERVICES, LTD

(800) 291-4774 | info@thishorseinsurance.com

PO Box 449, Middleburg, VA 20118 | www.thishorseinsurance.com

# Status Update for a Renewal of Coverage

<b>Name of Insured:</b>		<b>Policy #:</b>	
<b>Name of Horse:</b>		<b>Sex:</b>	<b>Year of Birth:</b>
<b>Breed:</b>	<b>USEF/registration #:</b>	<b>Use:</b>	

Has your horse competed within the <u>last 12 months</u> ? If yes, list competition highlights:			
Show/Competition	Rating	Date	Class/Division/Level

<b>If your Horse has not competed in the last 12 months, what is he/she doing?</b> Is your Horse being ridden? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b># of Rides/Exercise per Week:</b>		<b># of Lessons per Month:</b>	
What level/movements/drills is the Horse schooling?			

Clinics Attended in last 12 Months	
Clinician Name	Date

Type of Training in last 12 months	Monthly Training Cost	# of Months in Training with a Professional

Is horse being used for Breeding?	Mare currently in foal?	Stallion and Stud Fee	Due Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Has your horse suffered from an accident, injury, disease in last 12 months?	Claim #	Date	Details including Diagnosis	Current Condition and Prognosis
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Signature of Insured

Date Signed