THIS
TAYLOR HARRIS INSURANCE SERVICES, LTD
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Status Update
for a Renewal of Coverage

Name of Insured:			**Policy #:**		
Name of Horse:		**Sex:**		**Year of Birth:**	
Breed:		**USEF/registration #:**		**Use:**	

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

If your Horse has not competed in the last 12 months, what is he/she doing? Is your Horse being ridden? ☐ Yes ☐ No			
# of Rides/Exercise per Week:		# of Lessons per Month:	
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
☐ Yes ☐ No	☐ Yes ☐ No		
☐ Yes ☐ No	☐ Yes ☐ No		

Has your horse suffered from an accident, injury, disease in last 12 months?	Claim #	Date	Details including Diagnosis	Current Condition and Prognosis
☐ Yes ☐ No				
☐ Yes ☐ No				

Signature of Insured

Date Signed