

Insurance Corporation of Hannover
Examination For Loss of Use Coverage

This supplemental application forms part of the Animal Mortality Application
(To be completed by certified license veterinarian)

Important Note: Completion and signing of this supplemental application in no way binds the Company to the risk or implies that coverage is in effect.

Applicant: _____ Producer: _____ Date: _____
Animal Name: _____ Age: _____ Sex: _____ Ht: _____ Breed: _____
Specific, current and extended use: _____ LOU Limit: 60% 100%
Color: _____ I.D. #=s; Tattoo _____ AHSA FEI Other
Describe the use of animal during the last year or whether turned out resting. Why? _____

Palpations normal? (Note any swelling, heat, stiffness and/or pain)

Back	Yes	No
Stifles	Yes	No
Knees	Yes	No
Hocks	Yes	No
Fetlocks	Yes	No
Tendons & Ligaments	Yes	No
Hoof tester results negative?	Yes	No
Properly Shod?	Yes	No
Is stabling/turn outs adequate and safe:	Yes	No

If any questions are answered no, please provide explanation: _____

Note: Ultrasound and/or x-rays are required in order for Loss of Use coverage to be added to the policy.

Active and Passive Flexion Test Results: Active test with the horse jogging immediately on hard surface. Written Evaluation:

X-rays must be current within 3 months. Required x-ray views:

Front Feet - Lateral Projection, Hickman View, Flexor/Skyline View	Hind Fetlocks - A/P Views
Front Fetlocks - A/P Views	Knees - A/P Views
Hocks - Lateral Projection, Craniocaudal Projection, Both Oblique	

Explain radiograph findings that may affect the horse=s long and short-term intended use. If possible, use any previous x-rays for comparisons, i.e. navicular.

Give your general evaluation for the above named horse and your professional opinion on soundness, both short and long-term, for its= intended use.

I, _____, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____, and that I have on this date examined the above named horse.

Veterinarian=s signature: _____ Phone: _____ Date: _____

I, _____, as the Owner or representative for the owner as the primary trailer and/or caretaker, have provided to the best of my ability accurate and complete information on the above named horse.

Owner, trainer, or primary caretaker=s signature _____ Date: _____