

**ASSOCIATIONS UNDERWRITERS, INC
&
ZIPLOW HORSE INSURANCE AGENCY**

1430 Warehime Road
Westminster, MD 21158
Local 410-871-9714 Facsimile 410-871-9748
Toll Free 1-800-822-2202 Toll Free 1-800-366-2378
pcohen@auizhi.com

Dear Veterinarian:

Due to the recent claim or injury that the stated horse obtained during the past policy year we will need you to answer a few more questions relating to the injury or sickness. This would be an extension of the vet exam form you completed for the horse recently. We appreciate your time on this matter and it will help clear up any ambiguities relating to the injury or sickness. The more detail you can provide in your explanations, the better the underwriting will be.

Name of Horse

Name of Owner

1. Give a detailed explanation on what the injury or sickness was.

2. Please provide us with date of the injury or sickness.

3. What treatment did the horse receive as a result of the injury or sickness?

4. What is the current condition and future prognosis of the injury/sickness and the expected recovery date?

5. What is the likelihood that this injury or sickness will reoccur?

Signature and Date of Veterinarian