

HEALTH DECLARATION – ALPACAS & LLAMAS

To be completed by the Insured

Name of Insured:	Policy Number:
Name of Alpaca/Llama:	
Please answer all questions. If there is insufficient space to provide answers, attach a separate sheet with details:	
1. To your knowledge, has this alpaca/llama been administered any medication within the last 45 days? If yes , provide full details: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the alpaca/llama sound and healthy, free from vice, and well cared for in every respect? If no , provide full details: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. During the last 12 months, has the alpaca/llama: a) had any surgery / veterinary treatment / x-rays taken? b) suffered from any illness or injury? If yes to either, provide full details: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No 	
4. If previously insured as an entire, has the alpaca/llama since been gelded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Clients please note: ➤ No Insurance is in force until this Health Declaration has been accepted by the underwriter. ➤ Veterinary Certificates will be required annually, at your cost, for animals insured for more than \$5,000 ***Veterinary Certificates are to be returned to Coverforce no later than 14 days after the examination date***	

INSURED'S DECLARATION:

I/We do hereby agree-

- the answers contained in this Declaration are in every respect true and correct, and I/We have not withheld any material information likely to effect the acceptance of the Declaration.
- to exercise all reasonable precaution for the safety of the alpaca/llama(s) to be insured.
- to accept renewal of the insurance subject to the terms, exclusions, conditions and limitations of the Company's Policy.

Insured's Signature: _____ Date: _____