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Insured: _____
Policy Number: _____

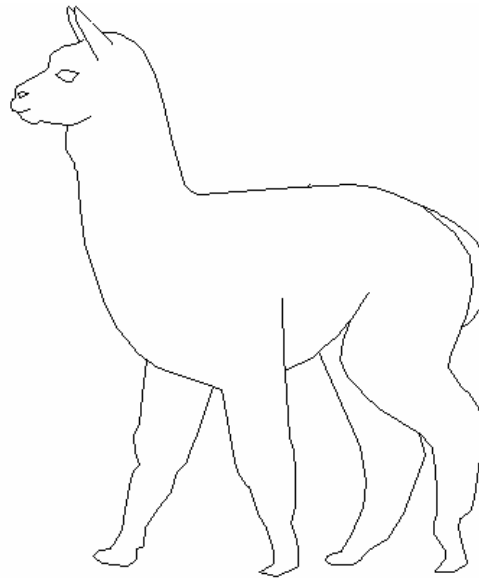
RENEWAL DECLARATION OF HEALTH

Questionnaire:

Please answer all questions. If there is insufficient space to provide answers attach a separate sheet with details.

1. Is the Alpaca(s) proposed for insurance sound and healthy, free from vice, and well cared for in every respect? Yes No
If no, give full details: _____
2. Has the Alpaca (s) proposed for insurance suffered any sickness or accident during the past 12 months? Yes No
If yes, give full details: _____
3. If previously insured as a colt, has the animal since been gelded? Yes No

Name of Alpaca: _____



Declaration:

I/We do hereby agree-

- (1) 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 of Renewal.
- (2) to exercise all reasonable precaution for the safety of the alpaca(s) to be insured.
- (3) to accept renewal of the insurance subject to the terms, exclusions, conditions and limitations of the Company's Policy.

Signature _____ **Date:** _____

Client Name: _____ **Policy Inception Date:** _____