



JERRY PARKS EQUINE INSURANCE, INC.  
PARKS INSURANCE CORPORATION

901 SW 60th Ave.  
P.O. Box 770788  
Ocala, FL 34477-0788  
Telephone 352 237 2164  
Fax 352 873-0888

**RENEWAL FORM**

**INSURED** \_\_\_\_\_ **POLICY NUMBER** \_\_\_\_\_  
 \_\_\_\_\_ **EFF/EXP DATE** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **COVERAGE TYPE** \_\_\_\_\_  
 \_\_\_\_\_ **COMMENTS** \_\_\_\_\_  
**PHONE** \_\_\_\_\_

- TO ORDER NEW POLICY: COMPLETE THIS CERTIFICATE AFTER READING CAREFULLY.
- TO ORDER RENEWAL POLICY: THIS COMPLETED CERTIFICATE MUST BE RETURNED BEFORE THE EXPIRATION DATE OF THE POLICY OR A NEW VETERINARY CERTIFICATE AND APPLICATION MAY BE REQUIRED. **THERE IS NO GRACE PERIOD FOR RENEWAL OF COVERAGE AFTER THE EXPIRATION DATE!** DO NOT SIGN AND RETURN THE CERTIFICATE EARLIER THAN 30 DAYS PRIOR TO THE EXPIRATION DATE.

WRITE IN AND INITIAL ANY AMENDMENTS THIS YEAR:

NAME	BREED	AGE	SEX	USE	PURCHASE PRICE	AMOUNT OF INSURANCE	RATE
(1) _____							
(2) _____							
(3) _____							

**JUSTIFICATION OF VALUE INSURED:** Please update us on the current status of the horse(s) whose coverage is being renewed and their activities during the past year (i.e. in-foal status including covering stallion and stud fee paid, show results, stallion information including number of mares bred and stud fee, any monies earned, race results, last claiming price tag, etc.) If you need more space than is provided, use separate sheet.

(1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

**CIRCLE ONE IF APPLICABLE THIS YEAR:**      **LOSS PAYEE**      **LESSEE**      **ADD'L INSURED**  
**NAME, ADDRESS AND PHONE:** \_\_\_\_\_  
 \_\_\_\_\_

**PREMIUM CHARGE IF VALUE OF ANIMAL(S) REMAINS AS STATED ABOVE IS AS FOLLOWS:**  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ **TOTAL PREMIUM:** \_\_\_\_\_

Immediate notice must be given of ALL illness, disease, lameness, injury, death, accident or elective or emergency veterinary treatment involving any animal insured under this policy. Notice may be given by you, your representative or other person having care, custody and control of such animal.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

---

DATE SIGNED

---

PRINT NAME

---

SIGNATURE OF INSURED