THE EMO AGENCY, INC.

400 Rosedale Court, Warrenton, VA 20186
(540) 347-3552 (Local) (800) 347-3552 (Toll Free) (540) 347-5906 (Fax)

HEALTH STATEMENT

Acceptable for horses that are at least ninety (90)) days old but no older than eighteen (18) years old and fit the following New Business or Renewal criteria:

NEW BUSINESS:	**RENEWALS:**
General Mortality – maximum limit of insurance of $100,000 (o.k. with Agreed Value/Guaranteed Renewal) Veterinary Services & Surgical Coverage	General Mortality – maximum limit of insurance of $100,000 (o.k. with Agreed Value/Guaranteed Renewal) Loss of Use I – maximum limit of insurance of $100,000 Loss of Use II – maximum limit of insurance of $100,000 (to age 12 only) Veterinary Services & Surgical Coverage

Name of Insured: _____

Email and Phone: _____

Horse #	*Name of Horse:*	*Age*	*Sex*	*Breed*	*Use*	*Purchase Price*	*Date of Purchase*	*Requested Limit of Insurance*
1								
2								
3								
4								
5								
6								

*Please Check **Yes** or **No**, for each question for each horse listed above, to the best of your knowledge.*		**Horse # 1**	**Horse # 2**	**Horse # 3**	**Horse # 4**	**Horse # 5**	**Horse # 6**
1	Does horse receive regular fecal sampling or quarterly deworming?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
2	Does horse receive all annual and semi-annual vaccinations as recommended by your vet?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
3*	Are there currently any health or lameness issues?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
4*	Has the horse been nerved or had any surgical treatment for lameness?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
5*	Has the horse been examined or treated by a veterinarian for other than routine care in the last 12 months?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
6*	Has the horse had colic or any intestinal disorder in the last 12 months?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
7*	Has the horse ever had colic surgery?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
8*	Has the horse ever been treated for navicular disease, arthritis or degenerative joint disease?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
9*	If horse is a mare, has she ever had any birthing difficulties?	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No

*** If "Yes" was answered to any question(s) numbered 3 through 9 above, please provide Date and Details:** _____

I declare to the best of my knowledge that the horses named above are currently and have been in sound health and free from any injury, illness, disease or disability of any kind. If this is a renewal of my policy coverage, I declare that during the past policy year the horses listed above have been free from any injury, illness, disease or disability of any kind. I will immediately notify the company of any change in the condition or status of the horse(s) above.
I UNDERSTAND THAT MY STATEMENT AND ANY INSURANCE THAT MAY BE ISSUED AS THE RESULT OF THIS STATEMENT MAY BECOME NULL AND VOID IN THE EVENT THAT I HAVE MISREPRESENTED, CONCEALED, OR OMITTED ANY MATERIAL FACT.

X_____ _____
Applicant Signature *Date*

Email **Print**