

**Energy Equine Insurance Agency Inc.**

309 Fall Harvest Court, Louisville, KY 40223  
(800) 999-6986 Phone | (502) 244-0724 Fax

**HEALTH STATEMENT**

AGENT NAME \_\_\_\_\_

AGENT NUMBER \_\_\_\_\_

Acceptable for: New Business - values of \$25,000 & under  
Renewals - values of \$50,000 & under  
Animals @ ages 3 months through 15 years

Insured \_\_\_\_\_ Policy # \_\_\_\_\_

Name(s) of Animal(s)	
a)	f)
b)	g)
c)	h)
d)	i)
e)	j)

**This form can only be used when an animal has not had any illness, injury, lameness or disease. Any animal with current or previous conditions is subject to company approval. A veterinarian exam may be required before coverage can be bound.**

I declare, to the best of my knowledge, that the animals named above have been free from illness, injury, lameness or disease. These animals have not had any type of colic or gastrointestinal disorders, nerving, degenerative joint disease, founder, laminitis or surgery of any kind. For renewals, this declaration relates to the prior term only, as all medical information older than 12 months would have been previously reported to the company.

I understand that any coverage applied for may become null and void if any material fact has been concealed, misrepresented or is missing from this form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date