

# Equine Insurance Proposal

PO Box 1515, Toowoomba, Qld 4350

Phone: 07 4638 4233 Fax: 07 4638 3369

Insurance Placed With: 100% Underwriters at Lloyds

Note: The answer to every question must be full and correct, and every blank must be filled. Please use block letters

**PROPOSER(S)**

Name(s) in full ……………………………….……………………………………………………………………………………..

Address ………………………………………………………………………………………..............……………….…..

…………………………………………………………………………. Postcode ……….……………..........

Preferred Contact Number:…………………………. Email:………………………….………………………

Association Membership:……………………………… Occupation:…………………………………

|  |  |  |
| --- | --- | --- |
|  | **Horse 1** | **Horse 2** |
| Sex |  |  |
| Identity Number |  |  |
| Breed |  |  |
| Name |  |  |
| Colour |  |  |
| Marks & Brands & their position |  |  |
| Age in years or D.O.B, if under 1 year |  |  |
| Sum to be Insured |  |  |

1. (a) State the full address at which horses are normally kept.

……………………………………………………………….……………………………………….....

1. Are the horses proposed stabled at night? ………………………………………….……
2. Will they be kept in an enclosed paddock? ……………………………………….……...
3. How often are they observed? (i.e daily, weekly etc.) ………………..…………………

2. (a) State all purposes for which the horses are/will be used during the proposed period

of insurance…………………………………………………………………………….…….

1. State your interest in the proposed horse(s) (i.e. owner, lessee etc.) ……..……….…
2. Are there any leases or mortgages on any of the horses? …………………..…………

If yes, give details

1. Does any horse have any stable vice(s)? If yes, give details ……….……….…………………….

...................................................................................................................................................

4. (a) Are there/have there ever been any contagious or infectious disease on the premises or in the neighbourhood? If yes, give details ……………………………………………………

5. (a) Is the HORSE insured or has it been insured previously? If yes, give details including names of insurers ……………….…………………………………………………..………

1. Has any insurer ever declined or refused to renew your equine insurance? If yes give details ……………………………………………..……………………………….………….
2. Have you any other horses, which are not proposed for insurance hereby? If yes, give details and reason why not insured……………………………….…...............…………..

......................................................................................................................................

7. (a) How many horses have you lost during the last two years?……………………

1. Please give details of any claims, including those of any veterinary fee insurance claims ..............................................................................................………............…

…………………………………………………………………………………………………..

1. Are there any other circumstances within your knowledge or opinion not already disclosed

affecting or likely to affect the proposed insurance? If yes, give details

……………………….……………...…………………………………………………………………….

1. Please provide the
2. name and address of your veterinary surgeon; ………………………………..………….

……………………………………………………………………………………...………….

1. distance from the nearest vet practice with facilities for major operations……………..

**DECLARATION OF HEALTH**

**To your knowledge has the above horse:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Ever suffered from any form of colic of other intestinal or digestive disorder? | | | | *Yes* | *No* | |
|  | If yes, please provide details. | | | | | | |
|  | If yes, is/are the horse(s): | Fully Recovered |  | Not fully recovered? | | |  |
|  |  | | | | | | |
| 2. | Ever suffered from any lameness, fractures, tendon or ligament injury? | | | | *Yes* | *No* | |
|  | If yes, please provide details | | | | | | |
|  | If yes, is/are the horse(s): | Fully Recovered |  | Not fully recovered? | | |  |
|  |  | | | | | | |
| 3. | Received attention from any Veterinary Surgeon or Alternative Therapist for any reason other than routine vaccination or obstetric work? | | | | *Yes* | *No* | |
|  | If yes, please provide details | | | | | | |
|  |  | | | | | | |
|  | **Is the above horse at present normal in conformation, eyes, heart, wind and action and in good health?** | | | | *Yes* | *No* | |
|  | If No, please provide details | | | | | | |
|  |  | | | | | | |
|  | **In the event of a claim Underwriters reserve the right to request a Veterinary Treatment Summary for the past 12 months.** | | | | | | |
|  |

**JUSTIFICATION OF VALUE**

1. Please tick the box of the method in which you wish to use justify your horse’s value:

|  |  |  |  |
| --- | --- | --- | --- |
| Purchase Price |  | Trainers Statement |  |
|  | | | |
| Show / competition record |  | Breeding / Progeny |  |

2. Please refer to the relevant sections below which will advise how to substantiate the horse’s

value. The more information given the better.

1. **Purchase Price**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purchase Price: | Inclusive of GST? Yes / No Purchase Date: | | | |
|  | | | | |
|  | | | | |
| Proof of Purchase Available: | Yes, as attached |  | No, other method of JOV attached. |  |
|  |  |  |

(If the proposed sum insured exceeds purchase price please include relevant information regarding subsequent training and competition record to substantiate such increase.)

1. **Trainers Statement**

To be completed by the horse’s trainer. Please give details of how long you have known / trained the horse, at what level it is training at / competing at, and, in your professional opinion, what is the current Fair Market Value of the horse. Please use separate sheet attached if required.

1. **Show/Competition Record**

Please detail the horse’s show / competition record which justifies its value. Alternatively, please attach result print-outs.

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | COMPETITION | CLASS | RESULT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Breeding/Progeny**

Please provide details of progeny record of actual sale prices of foals sold. (If unavailable please provide average prices of foals sold)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROGENY DETAILS | DATE OF BIRTH | DATE OF SALE | SALE NAME or PRIVATE SALE | SALE PRICE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please read the following and sign the Declaration**

**STATUTORY OBLIGATIONS**Insurance Contracts Act, 1984

## YOUR DUTY OF DISCLOSURE

You must take reasonable care to give accurate and complete information when answering any

question we ask. If you become aware that the information you have given us is inaccurate or incomplete, then you must advise us. Failure to do so may prejudice any claim.

If the information you have given us in relation to this insurance proves to be inaccurate or

incomplete, then we may reduce the amount we pay on a claim in the proportion that the

premium paid bears to the premium we would have charged you had the information not

been inaccurate or incomplete.

If we establish that you fraudulently (deliberately or recklessly) provided false or misleading

information in relation to this insurance, we will treat this insurance as if it never existed, which

means that no claims will be paid, and we will not return any premium. If this happens, we will

advise you in writing.

## DECLARATION

I/We, the undersigned, hereby propose to insure the animal(s) noted on the schedule herein. I/We declare that the same animal(s) is/are in sound and good health and that the statements herein are true and complete. I/We agree that completion and signing of this proposal form does not bind the insurer in any way to accept the proposed risk.

# Signature of Proposer(s) ………………………………………..Date …………………………….

PRIVACY POLICY

**Privacy –** We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We only provide your information to the companies with whom you choose to deal (and their representatives). We do not trade, rent or sell your information.

If you don’t provide us with full information, we can’t properly advise you and you could breach your duty of disclosure. You can check the information we hold about you at any time.

For more information about our Privacy Policy, ask us for a copy or visit our website.