

# Alpaca Insurance Proposal Form

## Your Disclosure Duties

We draw your attention to your relevant disclosure duty. Please read and direct any queries you may have to us immediately. In the absence of any queries from you we will assume that you have read and understood them.

### IF YOU ARE A CONSUMER AND YOU ARE A NEW CLIENT:

#### Your duty to take reasonable care not to make a misrepresentation

Your application for insurance cover will be treated as if you are applying for a 'consumer insurance contract'. Before the contract of insurance is entered into, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer under the Insurance Contracts Act 1984 (Cth). It is very important that you comply with your duty, as this may impact on your insurance cover.

A misrepresentation is an answer or statement that is not true, only partially true or does not fairly reflect the truth.

When you apply for insurance, we will ask you clear and specific questions that are relevant to our decision to insure you. Your answers in response to our questions are important as we use them to determine whether we can provide insurance cover to you, and if so, the terms of the policy and the premium we will charge. This means that when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies anytime you answer our questions as a part of an initial insurance application, when extending or making changes to an existing insurance, and reinstating any previous contract of insurance.

We may later investigate the answers you provide to us, for example, when a claim is made.

#### If you do not comply with your duty

If you do not take reasonable care not to make a misrepresentation, it may have serious consequences for your insurance. If you have failed to comply with your duty, we have certain right, which may depend on what your insurance offer may have been had you not made a misrepresentation, and whether or not the misrepresentation was fraudulent. We have different actions available to us, for example, we may do one of the following:

- > Avoid your insurance cover. This means that you insurance contract and cover will be treated as if it never existed;
- > Change the amount of cover, for example the level of cover may be reduced;
- > Change the terms of your insurance contract, for example certain events may be excluded from being covered.

This may mean an insurance claim may not be paid, or the amount or benefit may be reduced, or premiums increased.

If we suspect that you may have breached your duty to take reasonable care not to make a misrepresentation, before we exercise any of the actions available to us, we will:

- > Explain our reasons why we believe you have breached your duty; and
- > Provide you with an opportunity to respond and provide us with further information.

If we decide to make changes to your cover, we will notify you of our decision and provide you with the review process and complaints procedure to follow if you disagree with our decision.

#### If you need help

It is very important that you understand this information, the questions that we ask you and your duty. If you are having difficulty for any reason, such as a disability, English language, or require further support such as a support person you trust, please contact us so that we may tell you how we may assist in providing additional support.

If you have any questions, please contact us, your broker or advisor.

### IF YOU ARE A CONSUMER AND YOU ARE AN EXISTING CLIENT:

#### Your duty to take reasonable care not to make a misrepresentation

Before you renew this contract of insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer under the Insurance Contracts Act 1984 (Cth). It is very important that you comply with your duty, as this may impact on your insurance cover.

A misrepresentation is an answer or statement that is not true, only partially true or does not fairly reflect the truth.

When you apply to renew this insurance, we may ask you clear and specific questions that are relevant to our decision to insure you. Your answers in response to our questions are important as we use them to determine whether we can provide insurance cover to you, and if so, the terms of the policy and the premium we will charge. This means that when answering our questions, you should respond fully, honestly and accurately.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, we will understand this to mean that there are no changes.

You have this duty until we agree to renew the contract, when extending or making changes to an existing insurance, and reinstating any previous contract of insurance. We may later investigate the answers you provide to us, for example, when a claim is made. To take reasonable care not to make a misrepresentation applies anytime you answer our questions as a part of an initial insurance application, when extending or making changes to an existing insurance, and reinstating any previous contract of insurance.

We may later investigate the answers you provide to us, for example, when a claim is made.

#### If you do not comply with your duty

If you do not take reasonable care not to make a misrepresentation, it may have serious consequences for your insurance. If you have failed to comply with your duty, we have certain right, which may depend on what your insurance offer may have been had you not made a misrepresentation, and whether or not the misrepresentation was fraudulent. We have different actions available to us, for example, we may do one of the following:

- > Avoid your insurance cover. This means that you insurance contract and cover will be treated as if it never existed;
- > Change the amount of cover, for example the level of cover may be reduced;
- > Change the terms of your insurance contract, for example certain events may be excluded from being covered.

This may mean an insurance claim may not be paid, or the amount or benefit may be reduced, or premiums increased.

If we suspect that you may have breached your duty to take reasonable care not to make a misrepresentation, before we exercise any of the actions available to us, we will:

- > Explain our reasons why we believe you have breached your duty; and
- > Provide you with an opportunity to respond and provide us with further information.

If we decide to make changes to your cover, we will notify you of our decision and provide you with the review process and complaints procedure to follow if you disagree with our decision.

#### If you need help

It is very important that you understand this information, the questions that we ask you and your duty. If you are having difficulty for any reason, such as a disability, English language, or require further support such as a support person you trust, please contact us so that we may tell you how we may assist in providing additional support.

If you have any questions, please contact us, your broker or advisor.

### IF YOU ARE NOT A CONSUMER AND YOU ARE A NEW OR EXISTING CLIENT:

#### Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- > reduces the risk we insure you for; or
- > is common knowledge; or
- > we know or should know as an insurer; or
- > we waive your duty to tell us about.

#### If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

#### If you need help

It is very important that you understand this information, the questions that we ask you and your duty. If you are having difficulty for any reason, such as a disability, English language, or require further support such as a support person you trust, please contact us so that we may tell you how we may assist in providing additional support.

If you have any questions, please contact us, your broker or advisor.

# Alpaca Insurance Proposal Form *Cont.*

## Details of Insured

Name of Insured: \_\_\_\_\_ Trading name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ Consent to all correspondence/documentation via email? \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

ABN: \_\_\_\_\_ Are you registered for GST? \_\_\_\_\_ What is your ITC percentage? \_\_\_\_\_ Period of insurance (DD/MM/YY):  
From: \_\_\_\_\_  
To: \_\_\_\_\_ at 4pm (EST)

Is there any other party with financial interest in the Alpaca(s) proposed for insurance? Yes No  
If yes, is insurance required for that party's interest? Yes No

If Insurance is required please provide name of the interested party: \_\_\_\_\_

## Description of Alpaca(s) to be insured

Name of Alpaca:	Date of birth:	Colour:	Breed:	Sex (M/F):	IAR #:	Purchase date:	Service fee paid (if bred):	Purchase price(\$):	Sum insured(\$):
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Please attach additional sheets if necessary.

## Alpaca information

Location of Alpaca(s): \_\_\_\_\_

Is the location that the Alpaca(s) are kept at under constant supervision? Yes No

Number of years experienced in Alpaca Farming: \_\_\_\_\_ Have/are you a member of the Australian Alpaca Association? Yes No Farm size (hectares): \_\_\_\_\_

Please provide a brief description of the paddock fencing: \_\_\_\_\_

Please describe the shelter facilities available to the Alpaca(s): \_\_\_\_\_

Does any other livestock share the grazing at the farm? Yes No Have any of your animals been imported? Yes No  
If yes, what type of Livestock? \_\_\_\_\_ If yes, when and where were they imported from? \_\_\_\_\_

How long have the animals been in your possession or care? \_\_\_\_\_

# Alpaca Insurance Proposal Form *Cont.*

## Male Alpacas only

Name / IAR #:	Commenced Stud duties?	Service fee (\$):	Number of females serviced:
	Yes    No		
	Yes    No		
	Yes    No		
	Yes    No		

## Female Alpacas only

Name / IAR #:	Is the female pregnant?	Number of cria lost at birth:	History of troubled birth(s)?
	Yes    No    Due date:		Yes    No
	Yes    No    Due date:		Yes    No
	Yes    No    Due date:		Yes    No
	Yes    No    Due date:		Yes    No

Please attach additional sheets if necessary.

How frequently are the Alpaca(s) wormed?

Please provide details of your vaccination program (including vaccines given and frequency):

Please describe the diet of the Alpaca(s):

Are the animals diets supplemented in any way?      Yes    No    If yes, with what?

Have any of the Alpaca(s) suffered from any illnesses/injuries/diseases (past 12 months)?      Yes    No    If yes, please provide details:

Are the Alpaca(s) in sound health?      Yes    No    If no, please provide details:

Has the Alpaca(s) undergone any surgery?      Yes    No    If yes, please provide details, dates and whether the Alpaca(s) made a full recovery:

Has there been any evidence of contagious or infectious disease at the location where the Alpaca(s) are kept (past 36 months)?      Yes    No  
If yes, give details, dates and confirm whether the location is now free from disease:

To your knowledge, are there any contagious or infectious diseases on the premises now?      Yes    No    If yes, please provide details:

# Alpaca Insurance Proposal Form *Cont.*

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Please provide full details of your Veterinary Surgeon below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

What is the distance between your Veterinarian's practice to where the animals are usually located?

Have you ever sustained a loss of animal in the past 38 months? Yes No If yes, please provide details:

How many UNINSURED Alpaca(s) have you lost during the past 36 months?

Please provide cause of death in each case:

Are the Alpaca(s) currently insured or have they been insured previously by your or your agent? Yes No

If yes, please provide details including the names of previous insurers:

Has any insurer ever declined or refused to renew livestock insurance? Yes No If yes, please provide details

Have you ever been paid claims on livestock at any time? Yes No

If yes, please state how many, amount(s) and name(s) of insurer(s):

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? Yes No If yes, please provide details

Please attach additional sheets if necessary

## Declaration

This part of the Form requires the Applicant to declare that the Form has been completed by answering all of the required questions in full and in accordance with the Applicants Duty of Disclosure. The Applicant must ensure that they have read and understood the Duty of Disclosure and if necessary revise the answers in the Form; then read, sign and date the declaration below.

- > I/We hereby acknowledge that my/our duty of disclosure has been brought to my/our notice as per the disclosure notice printed with this Proposal Form.
- > I/We declare that the Animal/s proposed for this insurance is/are in good health and is/are free from injury, disability, abnormality or illness and have been so for the past twelve (12) months and that I/We have not withheld any information likely to affect acceptance of this insurance.
- > I/We hereby acknowledge that no insurance is in force until any Veterinary Certificates requested have been accepted by Coverforce.
- > I/We declare that no information has been withheld or known of any other circumstance likely to effect the acceptance of this insurance.
- > I/We agree that this application and declaration shall be the basis of the insurers' certificate and will be subject to the terms, conditions, exclusions and endorsements contained therein.
- > I/We also declare that the information provided in this Proposal Form by me/us is correct in every particular.

Signature:

Name:

Date:

*No Insurance is in force until this proposal and any Veterinary Certificates have been received and accepted by the insurer.*

## Privacy Statement

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website [coverforce.com.au](http://coverforce.com.au) or alternatively contact our Privacy Officer on **02 9376 7888**.

## Returning Your Form

- |   |     |
|---|-----|
| 1. Have you signed the Privacy Statement & Declaration?                                       | Yes |
| 2. Has each question in this Form been answered?  | Yes |
| 3. Have you given complete, true and accurate answers to all relevant questions in this Form? | Yes |
| 4. Have you attached all necessary supporting documentation with this Form?                   | Yes |

Please check you have correctly filled out all sections and saved the document before submitting the form.

If you wish to return your form to Coverforce via post or email, please use the details provided below.

## Contact Coverforce

### Coverforce Partners Pty Ltd

ABN 57 089 245 465 | ACN 089 245 465 | AFSL 245377

[horse@coverforce.com.au](mailto:horse@coverforce.com.au)

[www.horse-insurance.com.au](http://www.horse-insurance.com.au)

Level 5 /11 Eastern Road  
South Melbourne VIC 3205

**P** 1800 986 445

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