

BLOODSTOCK INSURANCE PROPOSAL FORM

DETAILS OF INSURED

| | | | |
|---|--|---------|------------------------------|
| Name of Insured: | | | |
| Trading As (If Applicable): | | | |
| Phone: | | Mobile: | |
| Postal Address: | | | |
| <input type="checkbox"/> I consent to receiving all correspondence and documentation from you via the email address provided below. | | | |
| Email Address: | | | |
| ABN: | Are you registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No | | What is your ITC percentage? |
| Period of Insurance: | From: | To: | At 4pm (EST) |

Is there any other party with financial interest in the Horse(s) proposed for insurance?

☐ Yes ☐ No

Is yes is insurance required for that party's interest?

☐ Yes ☐ No

If Insurance is required please provide name of the interested party

DESCRIPTION OF HORSE(S) TO BE INSURED

| | | | | | |
|----|----------------|------------------|----------------|--------------------------|-------------|
| 1. | Name of Horse | Sex | Colour | Sire | Dam |
| | Date of Birth | Date of Purchase | Purchase Price | If Bred Service Fee Paid | Sum Insured |
| | | / / | \$ | \$ | \$ |
| 2. | Name of Horse | Sex | Colour | Sire | Dam |
| | IAR # of Horse | Date of Purchase | Purchase Price | If Bred Service Fee Paid | Sum Insured |
| | | / / | \$ | \$ | \$ |
| 3. | Name of Horse | Sex | Colour | Sire | Dam |
| | IAR # of Horse | Date of Purchase | Purchase Price | If Bred Service Fee Paid | Sum Insured |
| | | / / | \$ | \$ | \$ |
| 4. | Name of Horse | Sex | Colour | Sire | Dam |
| | IAR # of Horse | Date of Purchase | Purchase Price | If Bred Service Fee Paid | Sum Insured |
| | | / / | \$ | \$ | \$ |

QUESTIONNAIRE / HORSE INFORMATION

1. Location of Horse (s):_____
2. For what purpose are the horse(s) used?_____
3. Are the Horse(s) sound and healthy, free from vice and well cared for in every respect? ☐ Yes ☐ No
If No, please provide details: _____

4. Have any of the Horse(s) proposed hereon suffered from any illnesses, injuries or diseases in the past 12 months? ☐ Yes ☐ No
If yes, please provide details: _____

5. Has there been any evidence of contagious or infectious disease at the location(s) where the Horse(s) are kept in the past 12 months? ☐ Yes ☐ No
If yes, give details, dates and confirm whether the location is now free from disease: _____

6. Are the Horse(s) currently insured or have they been insured previously? ☐ Yes ☐ No If yes, please provide details including the names of previous insurers: _____

7. Have you sustained a loss of a Horse in the past 12 months? ☐ Yes ☐ No
If yes, please provide details: _____

8. How long have you owned Horses? If this is your first Horse state so:_____
9. Please provide full details of your Veterinary Surgeon:
Name: _____
Address: _____
Phone: _____
10. Have you ever been paid claims on livestock at any time? ☐ Yes ☐ No
If so, state how many, amount(s) and name(s) of insurer(s): _____

11. Has any insurer ever declined or refused to renew your Horse insurance? ☐ Yes ☐ No
If yes, please provide details: _____

12. 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: _____

13. Breed: _____

STALLIONS (only complete if applicable)

1. When did he commence stud duties? _____
2. What was last season's fertility percentage? _____
3. Service fee last season? This season? _____
4. Total of service fees earned last season? _____
5. Will he be turned loose with mares at any time? ☐ Yes ☐ No
If yes, please provide details: _____

BROODMARES (only complete if applicable)

1. Is the mare in foal? _____
2. If so, to what stallion? _____
3. Amount of service fee? _____
4. Will the mare be having her first foal during currency of the Policy? ☐ Yes ☐ No
If yes, please provide details: _____
5. If not, state last year of foaling: _____

FOALS UP TO 12 MONTHS OF AGE (only complete if applicable)

1. If any of the Dam's previous three foals have died before 12 months give details: _____
2. What was the service fee paid in respect to the foal to be insured? _____
3. If the sum insured required is more than 3 times the service fee please give justification: _____

ARAB FOALS ONLY:

4. If there is any history of combined Immunodeficiency Disease in progeny of Sire or Dam please give details: _____

RACE HORSES (only complete if applicable)

1. Number of races? _____
2. Number of Firsts? _____
3. Number of Seconds? _____
4. Number of Thirds? _____
5. Prize money won during last 12 months? _____
6. Prize money won during the horses' lifetime? _____

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose all of the information that is known to you which is relevant to the Insurer's decision to insure you and the terms of that insurance.

Your duty of disclosure is to tell the insurer what a reasonable person could be expected to know is relevant to that decision having regard to the nature & extent of the insurance cover to be provided and the class of persons who ordinarily applies for this insurance.

You have the same duty to disclose those matters to the insurer before you renew, vary or reinstate a contract of general insurance.

Your duty of disclosure extends to not only answering the questions on the proposal form, but to all matters which are relevant to the risk, and you must notify the insurer of changes in the risk between the time of you answering the question on the proposal form and the date the contract of insurance is entered into.

Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract for a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

DECLARATION OF HEALTH AND FACTS

- ◆ 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: _____ **Date:** ____ / ____ / ____

No Insurance is in force until this proposal and any Veterinary Certificate has been received and accepted by the insurer.