

Health Declaration - Category B

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 rights, 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 your 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 rights, 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 your 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.

To be completed by the Insured

Name of Insured:		Policy number:		Name of Horse:			
Microchip number:	Date of birth:	Height:	The horse is:	spelling	in light work	in full work	
			and:	filly/mare	colt/stallion	gelding	
Breed:	Colour:	Use(s) of Horse:					
To your knowledge, has this horse been administered any medication within the last 45 days?						Yes	No
If yes, please provide full details:							
Is the horse sound and healthy, free from vice, and well cared for in every respect?						Yes	No
If no, please provide full details:							
During the last 12 months, has the horse:							
a) had any surgery / veterinary treatment / x-rays taken?						Yes	No
b) suffered from any illness or injury?						Yes	No
If yes to either, please provide full details:							

Please attach additional sheets if necessary

Declaration

I/We do hereby agree:

- > the answers contained in this Declaration are in every respect true and correct, and I/We have not withheld any material information likely to effect the acceptance of the Declaration.
- > to exercise all reasonable precaution for the safety of the horse(s) to be insured.
- > to accept renewal of the insurance subject to the terms, exclusions, conditions and limitations of the Company's Policy.

Signature:

Name:

Date:

Returning Your Form

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 | www.horse-insurance.com.au

Level 5 /11 Eastern Road, South Melbourne VIC 3205

P 1800 986 445

Privacy Statement

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 or alternatively contact our Privacy Officer on **02 9376 7888**.

Clients please note:

- > Veterinary Certificates will be required annually, at your cost.
- > This certificate is to be returned to Coverforce **no later than 14 days** after the examination date.
- > No Insurance is in force until this Veterinary Certificate has been accepted by the underwriter.

CONDITIONS FOR RESTRICTED LOSS OF USE EXAMINATIONS

- i. Over \$100,000 sum insured and/or horses outside Australia: Inception & Renewal Requirements: Veterinary Certificate and X-Rays (see last page for required views)

Following pages to be completed by the examining Veterinarian

Veterinarians please note:

- > Please ensure you complete the Mandatory Questions and any Optional Extensions selected by the client.
- > It is required that in **every case** the animal:
 - Should be examined outside the stall and made to move about, to demonstrate soundness of limb and freedom of action.
 - Should be clinically examined with a view to the purpose for which it is used.
 - That careful observation and enquiry should be made as to housing conditions and presence of contagious diseases.

CONDITIONS FOR RESTRICTED LOSS OF USE EXAMINATIONS

Over \$100,000 sum insured and/or horses outside Australia:

Inception & Renewal Requirements: Veterinary Certificate and X-Rays (see last page for required views)

Is the identification/dentition etc. is consistent with details noted on the previous page? Yes No
 If no, please provide full details:

Place of examination:

Does your practice normally attend this property?
 Never Occasionally Regularly

Has your practice previously attended this horse?
 Never Occasionally Regularly

MANDATORY QUESTIONS
Mortality Insurance Examination

Pulse normal?	Yes	No	Skin conditions?	Yes	No	Any lameness when lunged both reins?	Yes	No
Respiration normal?	Yes	No	If a mare, is she reported to be in foal?	Yes	No	Is there evidence of ataxia?	Yes	No
Vice/s?	Yes	No	<i>If yes, due date:</i>			Hooves in good condition/maintained?	Yes	No
Temperature normal?	Yes	No	Any indication of infection or disease?	Yes	No	Any evidence/knowledge of previous abdominal surgery?	Yes	No
Heart auscultated and found normal?	Yes	No	Any physical evidence of laminitis?	Yes	No			
Eyes clinically normal?	Yes	No	Any lameness at walk or trot?	Yes	No			

Findings:

OPTIONAL EXTENSIONS
RESTRICTED LOSS OF USE EXAMINATION*

**Please review conditions at the top of this page.*

Hoof tests:	LF	RF	LH	RH
Flexion tests:	LF	RF	LH	RH

Findings:

X-ray findings:

BREEDING LOSS OF USE EXAMINATION (STALLIONS / COLTS)

Are both testes visible and palpable? Yes No

Findings:

COSMETIC LOSS OF USE EXAMINATION

Scars: Yes No Windgalls: Yes No Splints: Yes No Other: Yes No

Please give your opinion below as to the significance of any abnormalities mentioned above:

Please attach additional sheets if necessary

Privacy Statement

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 or alternatively contact our Privacy Officer on **02 9376 7888**.

Declaration

I have today performed a clinical examination on this horse in accordance with Industry and Professional Standards and declare that, to the best of my professional knowledge, the horse is clinically normal and in a satisfactory condition, except where noted.

Signature:

Name:

Practice stamp/address:

Phone:

AVA number:

Date:

MINIMUM X-RAY REQUIREMENTS

1. The radiographs must be of good radiographic quality and submitted in DICOM format. Radiographs will be rejected if:
 - i. the correct requirements are not met
 - ii. the quality of the radiographs does not enable a proper assessment of the risk by insurers' veterinary advisers.
2. The radiographs must be clearly identifiable with the name of the horse and the date the view is taken.
Radiographs must be taken within one month of the application date.
3. The following views are our minimum requirements:
 - a. **BOTH FRONT FEET (UNSHOD)**
 - i. Lateral view (LM) of the foot.
 - ii. Dorsopalmar oblique view (D60°Pa) of the navicular bone.
 - iii. Palmaroproximal-palmarodistal oblique view of the navicular bone (PaPr-PaDio) flexor surface.
 - iv. Dorsopalmar oblique view (D45°Pa) of the pedal bone.
 - b. **BOTH HOCKS**
 - i. Lateral view of the hock (LM)
 - ii. Dorsolateral-plantaromedial oblique view of the hock (D45°L-PIMO)
 - iii. Dorso-plantar view of the hock (D-PI)
 - iv. Plantarolateral dorsomedial oblique view of the hock (PI45°L-DMO)
 - c. **FRONT AND HIND FETLOCKS**
 - i. Lateral view of fetlock (LM)
 - ii. Dorsolateral palmaro/plantaromedial oblique view of fetlock to highlight sesamoid (DLPaMO)
 - iii. Dorsomedial palmarolateral oblique view of fetlock to highlight sesamoid (DLPa/PIMO)
 - iv. Dorso-palmar/plantar view
 - d. **STIFLES**
 - i. Caudo-cranial view and
 - ii. Latero-medial view
or
caudocranial 60° oblique to include femoral condylar ridges and distal medial condyle.
 - e. **ANY FURTHER VIEWS** that the applicant's veterinary surgeon thinks are appropriate in the light of the clinical examination.

This document and the information it contains is regarded as general advice only. That is, this advice does not take into account any of your particular objectives, financial situation or needs. For this reason, before acting on any of this information, you should consider the appropriateness of the advice taking into account your own objectives, financial situation and needs.