



**A.I.S. Insurance Brokers Pty Ltd**  
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## HORSE INSURANCE APPLICATION FORM

### YOUR DETAILS

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

ABN: \_\_\_\_\_ Are you registered for GST? Yes  No

### SECTIONS 1, 2 & 3 – MORTALITY, THEFT/STRAYING & LOSS OF ENTRY FEES

Our Horse Insurance Package is underwritten by Certain Underwriters at Lloyd's.

#### SECTION 1 – MORTALITY

- From \$1,000 up to and including \$100,000 (limited to \$5,000 for horses 16 years and over)
- Cover for **death**, or **euthanasia on humane grounds**, resulting from **accidental injury, illness or disease**
- Includes up to \$200 for an Autopsy report following a claim
- Covers horses from **24 hours** old up to and including **20 years of age**
- Covers whilst your horse is being **transported within Australia** and while temporarily in New Zealand, including any journeys between these areas
- An excess of \$nil to each claim

#### SECTION 2 – THEFT & STRAYING

Theft or straying where the horse is not recovered within 90 days, plus up to \$300 for advertising and reward.

#### SECTION 3 – ENTRY FEES

Loss of irrevocable entry fees up to \$300 following a claim under Section 1 – Mortality.

Cover Commencement Date:

\_\_\_\_\_

This is an annual policy providing 12 months of cover from the Commencement Date

Sum Insured\*:

\$ \_\_\_\_\_

Date of Purchase:

\_\_\_\_\_

Purchase Price:

\$ \_\_\_\_\_

\*Should the Sum Insured be greater than the Purchase Price please attach detailed justification.

### DESCRIPTION OF THE HORSE TO BE INSURED

Name \_\_\_\_\_

Sex:  Filly  Mare  Colt  Stallion  Gelding

Colour \_\_\_\_\_ Height \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_ Breed \_\_\_\_\_

Microchip No. \_\_\_\_\_ Registration No. \_\_\_\_\_ Assoc/Society \_\_\_\_\_

Primary Address of Horse \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Use:  Dressage  Jumping  Eventing  Showing  Campdrafting  Reining

Barrel Racing  Pleasure  Polo/Crosse  Pony/Riding Club  Breeding  At Grass

Other \_\_\_\_\_

Horse Brandings and/or Markings: Attach photographs **OR** draw brands and/or markings on page 5 of this form.

## HORSE HEALTH / CARE

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1. Does a farrier regularly attend the horse?  Yes  No  
If yes (a) Frequency\_\_\_\_\_ (b) Any corrective shoeing?\_\_\_\_\_
2. How often is the horse under supervision?  Constant  Daily  Weekly
3. Does the horse suffer from any congenital and/or conformation fault?  Yes  No  
If yes, provide details\_\_\_\_\_
4. Has the horse suffered from or been treated for any injury, illness or disease?  Yes  No  
If yes, provide details\_\_\_\_\_
5. Has any industry professional advised that items outlined in question 3 and 4 may predispose the horse to future injury, illness or disease?  Yes  No  
If yes, provide details\_\_\_\_\_
6. Please provide the following details of your regular Veterinary Surgeon (we may contact them for further information):  
Full Name\_\_\_\_\_ Phone Number\_\_\_\_\_
- Postal Address\_\_\_\_\_ State\_\_\_\_\_ Postcode\_\_\_\_\_
7. If the horse is leased, please provide the owner's details (we may contact them for further information):  
Full Name\_\_\_\_\_ Phone Number\_\_\_\_\_
- Postal Address\_\_\_\_\_ State\_\_\_\_\_ Postcode\_\_\_\_\_
8. Is there any other party with financial interest in the horse(s) proposed for insurance e.g. Syndicate/Other Owners?  Yes  No  
If yes, is insurance required for that party's interest?\_\_\_\_\_

## GENERAL

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1. Has any Insurance Company declined an Application from you, cancelled or refused to renew your Certificate or required special terms to insure you?  Yes  No  
If yes, provide full details\_\_\_\_\_
2. Have you made a horse insurance claim in the past 5 years?  Yes  No  
If yes, state details of the losses\_\_\_\_\_

**OPTIONAL EXTENSIONS**

**SECTION 4 – PUBLIC LIABILITY (also available as a stand-alone cover)**

- Cover for your legal liability in respect of accidental:
  - i) death, bodily injury, illness, or disease of any person;
  - ii) loss of, or damage to, tangible property arising from your ownership and use of the insured horse
- Includes legal costs
- An excess of \$250 to each property damage claim

Yes   
 If yes, select option:  
 \$ 1,000,000   
 \$ 5,000,000   
 \$10,000,000

**SECTION 5 – LOSS OF USE**

**Restricted** – Cover in the event of an injury, illness or disease that that results in the horse becoming **totally and permanently incapable of fulfilling its principle use** as stated. Horses aged 2 up to and including 20 years of age when cover commences.

**Breeding** – Cover in the event of injury or illness that renders the Stallion/Colt **totally and permanently impotent, infertile or incapable of natural service**. Horses aged 2 up to and including 15 years of age when cover commences.

**Cosmetic** – Covers **permanent scarring** following an injury, illness and/or cosmetic condition which renders your horse permanently incapable of fulfilling its principle use as stated in the schedule because of its appearance. Horses aged 2 up to and including 15 years of age when cover commences.

- An excess of \$nil to each Loss of Use claim

Yes   
 If yes, select option(s):  
 Restricted   
 Breeding   
 Cosmetic

**SECTION 6 – LIFE SAVING SURGERY & SNAKE BITE VETERINARY FEES**

Reasonable veterinary fees for general anaesthetic surgical procedures performed to save the life of a Horse subject to the maximum limit of \$5,000 during the Period of Insurance (or as specified in the Certificate). A \$2,000 sub limit applies for veterinary treatment to save a Horse as a result of a diagnosed snake bite.

- An excess of \$500 for any individual Life Saving Surgery or Snake Bite Claim

Yes

**SECTION 7 – SADDLERY & TACK**

- Loss or damage to your riding equipment up to the value of \$20,000
- No article will be deemed of greater value than \$500 unless specified on the certificate
- An excess of \$50 applies to each claim

Yes

	Description of Nominated Items	Sum Insured
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Please use the Additional Comments section if you require extra space.

**Total \$** \_\_\_\_\_

**SECTION 8 – PERSONAL ACCIDENT & DENTAL**

- \$5,000 for death, permanent disability, loss of sight or limb
- \$2,500 for death if the deceased is under 18 years of age
- \$750 for dental treatment
- An excess of \$nil to each claim

Yes

## **YOUR DUTY OF DISCLOSURE**

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Before You enter into the Policy with Us, the Insurance Contracts Act 1984 requires You to disclose to Us every matter that You know or could reasonably be expected to know is relevant to Our decision whether and on what terms Your application for insurance is acceptable and to calculate how much premium is required for Your insurance.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate the Policy.

The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time You provide answers or make disclosure and the Relevant Time, You need to tell Us.

## **WHAT YOU DO NOT NEED TO TELL US**

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You do not need to tell Us about any matter:

- that diminishes Our risk;
- that is of common knowledge;
- that We know or should know as an insurer; or
- that We tell You We do not need to know.

## **WHO DOES THE DUTY APPLY TO?**

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The Duty of Disclosure applies to You and everyone that is an insured under the Policy. If You provide information for another insured, it is as if they provided it to Us.

## **WHAT HAPPENS IF THE DUTY OF DISCLOSURE IS NOT COMPLIED WITH?**

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If the duty of disclosure is not complied with We may cancel the Policy and/or reduce the amount We pay if You make a claim. If fraud is involved, We may treat the Policy as if it never existed, and pay nothing.

## **ELECTRONIC DELIVERY OF DOCUMENTATION**

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To save you time and paper and improve our services we will be providing all documents electronically (including insurance policies, Product Disclosure Statements, Financial Services Guide and other disclosure documents) by email with PDF attachments to the email address provided.

If you do not wish for us to communicate with you in this way or no longer wish to receive documentation from us electronically or you require a hard copy of any documentation, please contact us on 03 8699 8888 or email [horse@aisinsurance.com.au](mailto:horse@aisinsurance.com.au).

## **DECLARATION OF HEALTH & FACTS**

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- 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 Application Form.
- I/We declare that the Horse proposed for this insurance is in good health and is free from injury, disability, abnormality or illness and has been so for the past twelve (12) months and that I/We have answered all questions truthfully and accurately and not withheld any information likely to affect acceptance of this Application.
- I/We are aware that my/our answers to the above questions will be subjected to acceptance and may lead to variations in cover, exclusions being applied or entire declination of cover for my/our horse.
- I/We hereby acknowledge that no insurance is in force until this Application Form and any Veterinary Certificate/s (if required) have been accepted by AIS Insurance Brokers.
- I/We also declare that the information provided in this Application Form by me/us is correct in every particular.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **GENERAL ADVICE WARNING**

*This document has been prepared without taking into account your objectives, financial situation or needs. You must therefore assess whether it is appropriate, in the light of your own individual circumstances, to act upon this advice.*

*Please refer to the Insurance Product Disclosure Statement (PDS) prior to making any decision to acquire that product.*

