



A.I.S. Insurance Brokers Pty Ltd
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TRANSIT AND TRIAL APPLICATION FORM

YOUR DETAILS

Full Name: _____

Phone: _____ Email: _____

Postal Address: _____ State: _____ Postcode: _____

ABN: _____ Are you registered for GST? Yes No

BASIC COVER – MORTALITY

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

SECTION 1 – MORTALITY

- From \$1,000 up to and including \$20,000
- Cover for **death**, or **eutanasia on humane grounds**, resulting from **accidental injury, illness or disease**
- Includes up to \$200 for an Autopsy report following a claim
- Covers horses from **6 months** old up to and including **10 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

Sum Insured: \$ _____

30 day cover period

60 day cover period

90 day cover period

Please ensure that you select the appropriate cover period as Transit and Trial cover cannot be extended.

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 _____

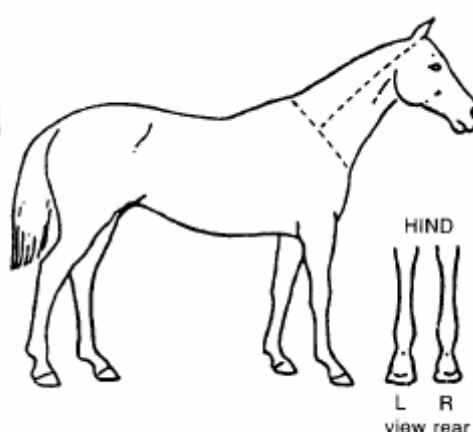
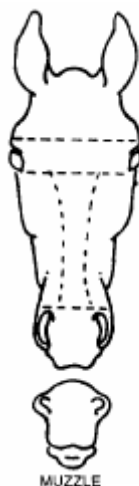
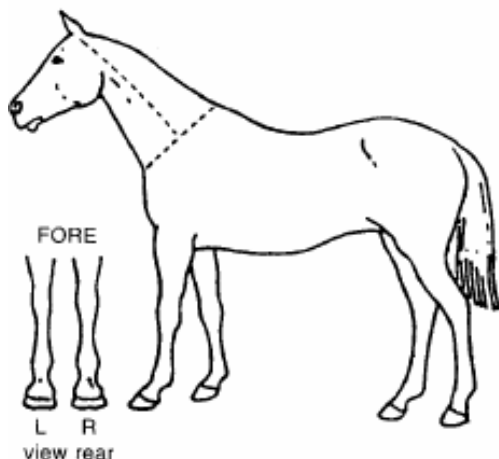
Microchip No. _____ Registration No. _____ Assoc/Society _____

Primary Address of Horse _____ State _____ Postcode _____

Use: Dressage Jumping Eventing Showing Campdrafting Reining
 Barrel Racing Pleasure Polo/Crosse Pony/Riding Club Other _____

Attach photograph **OR** draw brands and/or markings:

Mark whorls as **X**, scars as **➡**



HORSE HEALTH / CARE

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

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 _____

YOUR DUTY OF DISCLOSURE

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

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?

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?

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

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.

DECLARATION OF HEALTH & 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 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.