



## ***Bloodstock Mortality Insurance Proposal Form***

### **1. *Duty of disclosure***

Your duty of disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Financial Services Reform Act 2001, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

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

Your duty, however, does not require disclosure of matter:

- That diminishes the risk to be undertaken by the insurer;
- That is of common knowledge;
- That your insurer knows or, in the ordinary course of his business, ought to know;
- As to which compliance with your duty is waived by the insurer.

Your duty of disclosure extends to not only answering the questions of 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 your answering the questions on the proposal form and the date the contract of insurance is entered into.

### **2. *Non disclosure***

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of 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.

### **3. *Market value***

The insurance policy for which you are making application is a market value policy, that means that in the event of the death of your horse you will receive the market value of your horse at the time of its death or the sum insured, whichever is the lesser. You should not insure your horse for any more than its current worth.

### **4. *Commencement of cover***

This form must be completed in full including the back page of the Schedule of Animals to be insured. Where required a veterinary certificate of health must accompany this form.

### **5. *Privacy legislation requirements***

New Privacy Legislation takes effect from 21 December 2001. The legislation regulates the way private sector organisations collect, use, keep, secure and disclose personal information. Newmarket Insurance Brokers Pty Ltd has developed a Privacy Policy that explains what sort of personal information we hold about you and what we do with that information. Please contact us to obtain a copy of our Privacy Policy Statement.

# Details of Proposer

Proposer's Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

GST Registered: YES / NO ABN: \_\_\_\_\_

Insurance history and details of previous bloodstock claims or losses

Provide details of the death or loss of any horses over the past 2 years.

Date	Age of Horse	Cause of Death	Value

How many Horses do you own? \_\_\_\_\_ How many are insured? \_\_\_\_\_

Has any Insurer at any time in respect to this type of Insurance (**circle your answer**)

ever declined your Proposal? YES / NO

imposed special terms or conditions? YES / NO

cancelled or refused to renew your Insurance? YES / NO

If the answer to any of these questions is YES, please provide details:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In there any information of which you are aware that may affect our decision to accept your Insurance Proposal? If the answer is YES, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

Period of Insurance required from        /        /        to        /        /

Please answer the following questions in respect to all horses listed on the attached schedule for which insurance is required.

Has the horse(s) proposed for this insurance cover received any veterinary attention for illness or injury during the past 12 months? If so, give details.

Has the horse(s) proposed for this insurance cover been treated for colic and/or any gastro intestinal disorders over the past two (2) years? If so, give full details.

Does the horse(s) proposed for this insurance cover suffer from any physical defect or disability? If so, give details.

Name, address and contact details of where the horse(s) is currently agisted or training facility

Name and address of usual Veterinarian.

Name & distance of the nearest Equine Surgical Clinic from the property/stables where horse(s) is/are normally kept?

If the proposed horse(s) was previously insured as a colt, has it been gelded? If so, give details.

**Declaration**

I/We the undersigned hereby propose to insure the horse(s) noted on this proposal subject to the terms and conditions of the Policy to be issued and I/We declare that the above statements are true and complete and that I/We have not withheld any material information. I/We have read and understand the notices printed on the front page of this Proposal Form.

Signed:.....Dated:.....