



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 Corporations 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 last 3 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 / /

DECLARATION OF HEALTH

TO BE COMPLETED AND SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE

Name Of Horse: Colour: Sex:
Sire: Dam:
Year Of Birth: Use/Level:
Location:
Owner: Sum Insured:

Please answer the following questions to the best of your knowledge and ability by ticking the appropriate box, if you need more space to answer please use the back of this form.

- 1) Has the above horse to your knowledge ever suffered from any form of colic or other intestinal or digestive disorder?
If YES give details including recovery status: YES NO
- 2) Has the above horse to your knowledge undergone any surgery (including castration if within the last twelve months)?
If YES give details including recovery status: YES NO
- 3) Has the above horse to your knowledge ever suffered from any lameness, fractures, tendon or ligament injury?
If YES give details including recovery status: YES NO
- 4) Has the above horse to your knowledge ever suffered from melanomas, sarcoids, warts or any other type of growth?
If YES give details including current status: YES NO
- 5) Has the above horse to your knowledge ever had any other accident, illness or disease other than those mentioned in Questions 1, 2, 3 or 4 above?
If YES give details including current status: YES NO
- 6) Has there to your knowledge been any evidence of contagious or infectious disease during the past twelve months in the location where the horse is kept?
If YES give details including recovery status: YES NO
- 7) During the last twelve months has the above horse received attention from any Veterinary Surgeon, Physiotherapist, Chiropractor, Acupuncturist or Homeopathist for any reason other than routine vaccination or obstetric work, or received any other form of treatment for remedial purposes including farriery. Has the horse received steroidal, non-steroidal, anti-inflammatory or analgesic medication?
If YES give details including recovery status: YES NO
- 8) To the best of your knowledge is the above horse at present normal in conformation, eyes, heart, wind and action and in good health and does it therefore in your opinion represent a normal risk for the proposed insurance?
If NO give details: NO YES

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which could materially affect this insurance has been knowingly withheld.

SIGNED (*Owner/Other -please specify below) DATE

NAME (please print)
.....

N.B. THE INFORMATION IN THIS DECLARATION FORMS THE BASIS OF THE INSURANCE CONTRACT AND INCORRECT ANSWERS COULD INVALIDATE THE POLICY