

3. Business

(a) Business Addresses (please attach separate sheet if insufficient space)

1) _____

2) _____

(b) Is breaking or pre-training undertaken?

Yes

No

(c) Permanent Borders undertaken at all locations:

Maximum Number

Average Number

(d) Walk-ins at all locations:

Maximum Number

Average Number

(e) What is your gross annual turnover from all activities? _____

4. Care, Custody or Control

Level required (tick box):

Any one horse

Any one Occurrence

Annual Aggregate

\$250,000

\$250,000

\$250,000

\$500,000

\$500,000

\$500,000

\$1,000,000

\$1,000,000

\$1,000,000

\$2,000,000

\$2,000,000

\$2,000,000

\$2,000,000

\$3,000,000

\$4,000,000

5. Estimated Payroll

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

	Payroll	Nature of Work
Wages	\$ _____	
Payment to contractors and/or subcontractors	\$ _____	
Payment to Labour Hire	\$ _____	
Do you utilise any seasonal workers?	\$ _____	

6. Professional Exposure

1. Do you provide advice?

Yes

No

2. What is the nature of the advice? _____

b) Is it for a fee?

Yes

No

If yes, please advise gross annual fees

\$ _____

c) Is all verbal advice also documented _____

2. Do you employ an in-house vet?

Yes

No

7. Claims and/or Loss Experience

(a) Have you had any insured and/or uninsured claims in the last five years? Yes No

If yes, please provide details below (Paid and Outstanding before application of Excess)

Dates	Number Reported	Amount Paid	Amount Outstanding	Applicable Excess	Description
From to					
From to					
From to					
From to					
From to					

(b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes No

If yes, please provide details:

8. Previous Insurance History

After investigation have you ever had any:

- (a) Insurance declined or cancelled? Yes No
- (b) Renewal refused? Yes No
- (c) Special conditions imposed? Yes No
- (d) Increased excess imposed? Yes No
- (e) Claims denied for this class of insurance? Yes No

DECLARATION

I declare that to the best of my knowledge and belief the answers given above or documents submitted represent the true position and that I have not withheld any material information from this proposal. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Contract Proposed.

Signature(s)	Date
Title / Position	Date

PRIVACY NOTICE

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.