

EQUINE PLUS POLICY PROPOSAL

(RE)INSURED WITH CERTAIN (RE)INSURERS AT LLOYD'S OF LONDON

LIVESTOCK/BLOODSTOCK Usual cover is against the Risks of Mortality, subject to various conditions, limitations, and exclusions. A copy of the **WORDING**, showing the full extent of the cover may be seen upon application to your Broker.

BEFORE ANY QUESTION IS ANSWERED PLEASE READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL WHICH YOU ARE REQUIRED TO SIGN.

PLEASE ANSWER ALL QUESTIONS IN FULL.

OWNER'S FULL NAME (Mr/Mrs/Miss/Ms)

.....

Address:

.....

..... **FAX:** /

..... **TEL:** /

Occupation: **Email:**

SCHEDULE OF ANIMALS PROPOSED FOR INSURANCE

SEX Stallion Gelding Mare	FULL DESCRIPTION: NAME, BREED, COLOUR, MARKS AND BRANDS, AND ON WHICH PART OF THE BODY	AGE (Date of birth if under one year)	Cash Price Paid (Purchase costs, fees, transit & commissions included)	Date of Purchase	Sum to be Insured
	1 - Name: Microchip n°: Years			
	2 - Name: Microchip n°: Years			

1. a) Where are the above horses normally located?

b) Usual rider's name?

c) Are they stabled at night?

.....

d) Will they be kept in an enclosed paddock or meadow?

.....

2. a) For what purpose are the animals kept or employed?

.....

b) Are there any leases or mortgages on any of the animals?

.....

If YES, give details

3. Does the horse have a registration book or passport? YES – NO

If yes, please enclose a copy

4. a) Are the animals sound and healthy?

.....

b) Give full particulars of defects or ailments, illness, or disease, during the last 12 months:

.....

c) Have any animals ever been fired or blistered?

.....

If YES, give details:

d) Do you have X-Rays, if YES, please give details:

e) Is the horse vaccinated against -Tetanus (+ date)? On /...../

- Influenza (+ date)? On /...../

- Rhinopneumonia (+ dates)? On /...../

- West Nile Virus (+ date)? On /...../

- Eastern Equine Encephalitis (+ date)? On /...../

- Venezuelan Equine Encephalitis (+ date)? On /...../

f) Is the horse regularly dewormed?

How many times a year?

5. a) Is there any contagious or infectious disease on the premises now?

.....

b) Has there been any during the past twelve months?

.....

c) Is there any, to your knowledge, in the neighborhood/area/locality now?

.....

If YES, to a, b, or c, give details:

6. a) How long have the animals been in your possession or care? (years/months)

.....

b) Have any of the animals recently been imported into the neighborhood/area/locality?

.....

If YES, when and from where?

7. a) Are the animals now insured or have they been insured previously by you or your agent?

.....

If YES, give details, including the names of Insurers:

b) Has any Insurer ever declined or refused to renew your Livestock Insurance?

.....

If YES give details:

8. a) Do you have any other horses which are not hereby proposed for Insurance?

.....

If YES, give details:

b) If all such Stock is not proposed for insurance hereby (or already insured) state why:

.....

9. a) How many animals of like category have you lost during the last 2 years, irrespective of class, type, or breed?

.....

b) State cause and date of death in each case:

c) Have you been paid claims on livestock at any time?

If YES, state how many, amount(s) and name(s) of Insurer(s)

.....

10. a) Name, full address, and telephone number of your Veterinary Surgeon: Dr.

.....
.....

b) What is his distance from where the animals are normally located?km

A. BASIC COVER

All risks of mortality following disease or accident,

- Including transits worldwide and even by air;
- Including euthanasia for humane reasons;
- Including the risk of mortality during surgery under total anesthetics, if this surgery is necessary to save the horse's life or to avoid a future lameness or disease;
- Fire, lightning, electrocution, drowning and theft;
- Hospitalization for colic;

B. ADDITIONAL COVERS:

1. SURGICAL FEES FOLLOWING ACCIDENTS AND DISEASES – Excess XXX €/claim:

A) I wish I do not wish that cover
Reimbursement of maximum XXXX €/year and per horse
(Additional Premium: as per quote)

2. HOSPITALIZATION FEES FOLLOWING TO ACCIDENTS AND DISEASES + REHABILITATION:

A) I wish/ I do not wish to cover that
Reimbursement of maximum XXXX €/year and per horse
(Additional Premium: as per quote) (excess XXX € (hospitalization) & XXX € (revalidation) per claim)

3. INFERTILITY FOR STALLIONS:

I wish/ I do not wish to cover that

4. TERRORISM

I wish/ I do not wish to cover that

DECLARATION

The above-named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts.

I understand that non-disclosure or misrepresentation of a material fact will render the insurance null and void.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that signing of this proposal does not bind me to complete the insurance.

I agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I declare that I understand the English language and accept that the certificate wordings issued in respect of any coverage bound in relation to the risk information provided in this proposal form, shall be in English.

NAME & SIGNATURE OF OWNER:

DATE OF SIGNING: