

# Sports Horse Proposal Form



To be signed by the owner or person responsible for the horse/s

## Policy details

Effective Date:

From:

For 12 months, extended to the end of the expiring month for administrative purposes.

## Applicant details

Applicant(s) name:

Company name:

Address:

Daytime phone number:

Email:

Postal address:

State:

Postcode:

Phone number:

Email:

Does the sum/s insured include GST?

Yes

No

Are you entitled to claim an input tax credit on the GST invoiced with the premium?

Yes

No

If yes, what percentage of GST are you entitled to claim?

ABN Number if applicable:

Where is the horse usually kept?

Distance from your usual veterinary surgeon:

Are they able to perform major operations?

Yes

No

If **not**, what is the distance from this facility:

Is the horse currently insured?

If **yes**, please give details:

Is there any other party with a financial interest in the horse? i.e. is the horse on loan/lease?

If **yes**, please give details:

## Details of horses

For which a Declaration of Health is required and presented

**Note:** If the sum insured exceeds the purchase price or the horse is not a recent purchase, please provide a performance record and additional justification of value information at the end of this proposal form

Name of Horse	DOB	Sex	Sire	Dam	Sum Insured	Use	
<p><b>Note:</b> If the sum insured exceeds the purchase price or the horse is not a recent purchase, please provide a performance record and additional justification of value information at the end of this proposal form</p>							
Are the horses normal in eye, wind and action to the best of your knowledge and do they in your opinion represent a normal risk for the insurance that is being proposed? If no, give details in the space on the next page.						Yes	No
Have the horses suffered from colic or any other colic related illness at any time? If yes, give full details in the space on the next page and confirm whether the animal has made a complete recovery.						Yes	No
Have the horses suffered from and or been treated for ulcers or been scoped for ulcers at any time? If yes, give full details in the space on the next page and confirm whether the animal has made a complete recovery.						Yes	No
Have the horses suffered from any other accident, illness or disease or undergone any surgery at any time? If yes, give full details in the space on the next page.						Yes	No
Has there been any evidence of contagious or infectious disease during the past 12 months at locations where the horses are kept? If yes, give full details in the space on the next page.						Yes	No
Have the horses been, fired, blistered, denerved, operated on or received treatment for lameness (other than sore shins) at any time to the best of your knowledge and/or do they have any faulty conformation? If Yes, give full details in the space on the next page.						Yes	No
Have the above horses suffered at any time from melanomas, sarcoids, warts or any other type of growth? If yes, give full details in the space on the next page.						Yes	No
Is there any other factor affecting the health of the horses which should be disclosed? If yes, give details in the space on the next page.						Yes	No
Has the horse received any attention from any Veterinary Surgeon or Alternative Therapist for any reason other than routine vaccination or obstetric work, including farriery in the last 12 months? If yes, give full details in the space on the next page.						Yes	No
Has any Insurer ever declined or refused to accept or renew your bloodstock insurance or required special terms to insure you? If Yes, give details in the space on the next page.						Yes	No
Has the horse ever had a pre purchase or 5 stage vetting carried out? If yes, please attach all relevant health documentation when submitting this proposal form.						Yes	No
Have you sustained a loss of an Insured or Uninsured horse in the past 3 years? If yes, please provide details in the table as follows:						Yes	No

Details of Horse	Cause of Loss	Date of Loss	Insurer	Claim Amount Paid

Please provide full details of any qualification as advised in questions 1-12 above:

## Justification of value

1. Please tick the box of the method in which you wish to use to justify your horse's value:

Purchase price (complete 2A)	Trainers statement (complete 2B)
Show/competition record (complete 2C)	Breeding/Progeny (complete 2D)

2. Please refer to the relevant sections below which will advise how to substantiate the horse's value.  
The more information given the better.

### A. Purchase price

Purchase price:	
Inclusive of GST?	Yes No
Proof of purchase available:	Yes, as attached No, other method of JOV attached

(If the proposed sum insured exceeds the purchase price please include relevant information regarding subsequent training and competition record to substantiate such increase.)

### B. Trainer statement

To be completed by the horse's trainer. Please give details of how long you have known / trained the horse, at what level it is training at / competing at, and, in your professional opinion, what is the current Fair Market Value of the horse.  
Please use separate sheet attached if required.

### C. Show/Competition Record

Please detail the horse's show / competition record which justifies its value. Alternatively, please attach result print-outs.

Date	Competition	Class	Result

#### D. Breeding/Progeny

Please provide details of progeny record of actual sale prices of foals sold. (If unavailable please provide average prices of foals sold)

Progeny details	Date of birth	Date of sale	Sale name or private sale	Sale price

**In the event of a claim, Underwriters reserve the right to request a Veterinary Treatment Summary for the past 12 months.**

- I/We hereby certify that to the best of my/our knowledge and belief, and after enquiry with relevant parties and custodian(s) of the horses(s), that the above particulars are true and correct and that no information which would materially affect this insurance has been withheld.
- I/We also confirm that I/we have checked all the information contained in this document, some of which may not be in my own handwriting, and hereby verify the truth and accuracy of this document.

Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this application shall be the basis of insurance should a policy be issued and will be attached to and form part of the policy.

**Note:** the information given in this declaration forms the basis of the insurance contract. incorrect answers could invalidate the insurance policy.

Signature (Owner / Veterinary Surgeon / Person responsible for horse):

Print name:

Date:

### Optional extensions

In addition to horse mortality and theft, the following coverages may be purchased at an additional premium. Please indicate which of the below additional coverages you would like to purchase, by ticking the boxes.

Please refer to the Product Disclosure Statement (PDS) for full details when considering if this cover is right for you.

**Comprehensive Loss of Use** - Option A - (60%)

**Restricted Loss of Use** - Option B – (60%)

**Life Saving Surgical Fees** - Option A - Limit AUD 10,000 / Excess AUD 500

**Life Saving Surgical Fees** - Option B - Limit AUD 15,000 / Excess AUD 500

**Life Saving Surgical Fees** - Option C - Limit AUD 20,000/Excess AUD 500

## Declaration

I declare that I have:

- Received a copy of the policy wording;
- Read the information concerning the duty of disclosure and other important notices;
- Answered every question fully and frankly;
- Either completed this proposal form personally or, if it has been completed by somebody else, have checked the questions have been fully and accurately answered.
- The horse that is being proposed for insurance is in sound state of health and the sums stated represent their full value.
- I authorise any veterinarian to supply Howden Equine Pty Ltd my Horse's complete medical history or to supply details of claims and other relevant information.
- I acknowledge that I have read and understood the Privacy Act 1988 information and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this proposal, with their approval.

I/We hereby certify that to the best of my/our knowledge and belief, and after enquiry with relevant parties and custodian(s) of the horse(s), the above particulars are true and correct and that no information which would materially affect this insurance has been withheld. I/We also confirm that I/we have checked all the information contained in this document, some of which may not be in my own handwriting, and hereby verify the truth and accuracy of this document.

**Note:** The information given in this declaration forms the basis of the insurance contract. Incorrect answers could invalidate the insurance policy.

Signature (Owner / Veterinary Surgeon / Person responsible for horse):

Print name:

Date:

## Duty of Disclosure

### Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect the decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

- reduces the risk the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

If you do not tell the insurer something or if you do not tell the insurer anything you are required to, the insurer may cancel your contract or reduce the amount the insurer pays you if you make a claim, or both.

If your failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

### Privacy Policy

We are committed to protecting your privacy. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators).

Your information may be given to other Howden Group Companies overseas or to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We also provide your information to the providers of our policy administration and broking systems that help us to provide our products and services to you.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can view our Privacy Policy at [www.howdengroup.com/au-en/privacy-policy](http://www.howdengroup.com/au-en/privacy-policy).

## Important notices

### Claims

This policy does not provide cover in relation to events that occurred before the contract start date.

### Acceptance of Declaration of Health

This insurance will not be in force and effect until the completed Declaration of Health and/or current veterinary certificate (if required) has been received and accepted by the Insurer. The Insurer reserves the right to decline any application.

In compliance with the requirements of the Corporations Act 2001 (Cth), we will advise you if, in the placement only of this insurance policy, Howden Equine Pty Ltd are acting under a Binding Authority and in so doing are acting as Agents of the Insurer and not as Agents of the Insured.