

Declaration of Health

for insurance purposes including claims history



Insured name:

Location (state) of horse:

Address of insured:

Stud farm location:

Name	DOB	Sex	Sire	Dam	Sum Insured	Use
------	-----	-----	------	-----	-------------	-----

Refer attached schedule of horses

1. The horses at present are normal in eyes, wind, confirmation and action and represent a normal risk for mortality insurance purposes? If no, please provide full details (continue on a separate page if necessary)	Yes	No
2. Have the horses suffered from and/or undergone surgery for colic and or any other gastro and or intestinal problems at any time?	Yes	No
3. 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 section below.	Yes	No
4. Have the horses suffered from any tendon or ligament injury at any time?	Yes	No
5. Have the horses been fired, blistered, denerved, received joint injections, undergone remedial farriery or special shoeing, or been operated on or received treatment for any lameness at any time?	Yes	No
6. Have the horses suffered at any time from melanomas, sarcoids, warts or any other growth at any time?	Yes	No
7. Has there been any evidence of contagious or infectious disease during the last 12 months at the locations where the horses have been kept?	Yes	No
8. Have the horses been examined by a veterinarian other than for normal routine procedures at any time?	Yes	No
9. Has the horse received steroidal, non-steroidal, anti-inflammatory or analgesic medication any time in the last 12 months:	Yes	No
10. If male, are both testicles evident and palpate normally?	Yes	No
11. For broodmares, are they shod? If the answer is yes , please provide reasons why.	Yes	No
12. For broodmares, are they currently in foal and if so, advise name of covering stallion and last service date	Yes	No
13. Name and address of person who has care, custody and control of horses:	Yes	No

Name:

Address:

Confirmation of 3 year loss record (insured or uninsured)

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

If the answer is **yes** to questions 2-9 on page 1, please provide full details on the below table and indicate whether the animal has fully recovered. Please include copies of all relevant veterinary reports

Date Of Problem	Type Of Problem	Treatment Details	Recovery Status
-----------------	-----------------	-------------------	-----------------

Additional information

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.

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.