



## **STALLION FIRST SEASON INFERTILITY - INSURANCE PROPOSAL FORM**

Losses due to genital tract infections of the stallion are not covered by this Policy. This is because such losses are not Congenital Infertility within the meaning of this and are more appropriately included in available "Permanent Infertility (Accident, Sickness and Disease) Policies, when infection damage is both permanent and total or by "Loss of Income" Policies when infection damage is temporary

<b>Period Of Insurance:</b> _____ / _____ / _____ To 4.00pm on _____ / _____ / _____
--------------------------------------------------------------------------------------

Name of Proposed Stallion: _____ Year Of Birth _____ Colour _____
Sire _____ Dam _____
Sum Insured: _____

### **Questionnaire**

1. Name and Address of Proposed Insured: \_\_\_\_\_
2. Name and Address of Farm where Proposed Insured Stallion is presented maintained: \_\_\_\_\_
3. Name and Address of Principal of such farm: \_\_\_\_\_
4. Name and Address of Manager of such Farm: \_\_\_\_\_
5. Name and Address of Stud Farm where Proposed Insured Stallion is to stand: \_\_\_\_\_
6. Name and Address of Principal of Stud Farm: \_\_\_\_\_
7. Number of Years of ownership or management at stud farm \_\_\_\_\_
8. Number of years in thoroughbred breeding business \_\_\_\_\_
9. Name and Address of Manager of Stud Farm: \_\_\_\_\_
10. Number of Years of Management at Stud Farm: \_\_\_\_\_
11. Number of Years in thoroughbred breeding business: \_\_\_\_\_
12. Where and by whom will the Stallion's record's be kept? \_\_\_\_\_
13. Has proposed insured stallion raced or been trained for racing? Yes [  ] No [  ]
  - a) If so, annex as addendum a schedule of racing history including races entered, race results and winnings, separately designating any claiming races
  - b) If so, state when horse went out of training \_\_\_\_\_
14. State the date that the horse arrived or is due to arrive at the Stud: \_\_\_\_\_
15. State the date that the horse is scheduled to begin stud duties: \_\_\_\_\_
16. Has the proposed Stallion been semen tested or test bred? Yes [  ] No [  ]
  - a) If so, when and what were the results? \_\_\_\_\_



17. Will the proposed Insured Stallion be semen tested or test bred prior to covering season? Yes [ ] No [ ]  
a) If so, When? \_\_\_\_\_
18. Have anabolic steroids been administered to the proposed Insured Stallion during past 12 months? Yes [ ] No [ ]  
a) If so, please provide details \_\_\_\_\_
19. Is current Code of Practice for Venereal Diseases adhered to? Yes [ ] No [ ]
20. How many mares will the proposed stallion cover during first season at stud? \_\_\_\_\_  
a) State the maximum number of mares the proposed Insured Stallion may normally be asked to cover in one week: \_\_\_\_\_  
b) State the maximum number of mares the proposed Insured Stallion may Normally be asked to cover in one day: \_\_\_\_\_
21. Are walk-in mares accepted at the Stud? Yes [ ] No [ ]  
a) How many in respect of Proposed Insured Stallion? \_\_\_\_\_
22. Is there a resident Vet at the Stud? Yes [ ] No [ ]  
a) Name: \_\_\_\_\_
23. State whether Proposed Assured is sole and exclusive owner of Proposed Insured Stallion to the extent of 100% ownership currently vested and not subject to any condition relating to or based upon in whole or in part, the fertility of the Proposed Insured Stallion  
\_\_\_\_\_
24. State whether proposed Assured is sole and exclusive owner of Proposed Insured Stallion to the extent of 100% ownership, currently vested and not subject to any condition relating to or based upon, in whole or in part payments required pursuant to any purchase or sale agreement.  
\_\_\_\_\_
25. If questions numbers [23] and [24] above are not answered "yes", and without qualification, then please provide the following:  
a) If ownership of Proposed Assured is less than 100%, state the percentage of ownership: \_\_\_\_\_  
b) Is the Proposed Insured Stallion subject to any form of syndication agreement? Yes [ ] No [ ]  
i) If so, state number of shares: \_\_\_\_\_  
ii) If so, detailed breeding rights: \_\_\_\_\_  
iii) If so, specify sale price each mare (without inclusion of valuation for breeding rights) \_\_\_\_\_  
iv) Set forth details of deferred payment terms: \_\_\_\_\_  
v) Set forth details of warranties given: \_\_\_\_\_  
vi) If so, does there exist any agreement under which ownership interest of the proposed Assured will or may be modified or altered in the event of injury or infertility?  
\_\_\_\_\_

I hereby declare that the above statements are true and complete. I make this Proposal with knowledge that any insurance policy to be issued will be based on the statements contained herein and such statements shall in the policy, be deemed warranties and representations, as shall the statements contained in any veterinary certificate supplied in furtherance of this proposal.

Signing this form does not bind the proposed insured to complete the insurance, nor does receipt of the Proposal form bind any insurer to accept the same.

\_\_\_\_\_  
SIGNATURE OF PROPOSED INSURED

\_\_\_\_\_  
DATE