



DECLARATION OF HEALTH FOR INSURANCE PURPOSES

(To be signed by the Owner or person responsible for the horse(s))

Insured Name :

Postal Address :

Period of Cover :

REFER ATTACHED SCHEDULE OF HORSES RELATING TO DECLARATION OF HEALTH

1. Are the above 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 below. Yes [] No []
2. Have the above horses suffered from colic or any other colic related illness at any time? If yes, give full details in the space below and whether the animal has made a complete recovery. Yes [] No []
3. Have the above horses suffered from any other accident, illness or disease or undergone any surgery at any time? If yes, give full details in the space below. Yes [] No []
4. 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 below. Yes [] No []
5. Have the above 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 below Yes [] No []
6. Have the above horse suffered at any time from melanomas, sarcoids, warts or any other type of growth? If yes, give full details in the space below. Yes [] No []
7. 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 below. Yes [] No []
8. Have you sustained a loss of an INSURED or UNINSURED horse in the past 3 years? If yes, please provide details as follows: Yes [] No []

IMPORTANT NOTE: PLEASE PROVIDE FULL DETAILS OF ANY QUALIFICATIONS AS ADVISED ABOVE.

I/We hereby certify that to the best of my/our knowledge and belief 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.

Signature: _____
 (Owner / Veterinary Surgeon / Person Responsible for Horse)

Print Name : _____

Dated : _____

NOTE: THE INFORMATION GIVEN IN THIS DECLARATION FORMS THE BASIS OF THE INSURANCE CONTRACT. INCORRECT ANSWERS COULD INVALIDATE THE INSURANCE POLICY.

**SCHEDULE OF HORSES ATTACHING TO AND FORMING PART OF
DECLARATION OF HEALTH**

Name of Horse	Sex	DOB	Sire	Dam	Share	Sum Insured

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND KEEP THIS PAGE FOR YOUR REFERENCE

EXTRACT FROM INSURANCE LEGISLATION

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the Insurer every matter that you know, or could reasonably be expected to know that is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge
- That your Insurer knows or, in the ordinary course of his business, ought to know;
- As to which compliance with your duty is waived by the Insurer.

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

IMPORTANCE NOTICES

CLAIMS

This policy does not provide cover in relation to events that occurred before the contract was entered into.

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, we will advise you if, in the placement only of this insurance policy, **HQ Insurance 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.

PRIVACY ACT

New privacy legislation came into effect on 12th March, 2014. The legislation regulates the way private sector organisations can collect, use, secure and disclose personal information. **HQ Insurance Pty Ltd** has developed a privacy policy which sets out the type of personal information we hold about you and what we do with that information. Please contact our office to obtain a copy of our Privacy Policy.

