



SPORTS HORSE PROPOSAL FORM FOR INSURANCE PURPOSES

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

POLICY DETAILS

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Effective Date:	From:	For 12 Months, extended to the end of the expiring month for administrative purposes.

APPLICANT'S DETAILS

APPLICANT'S DETAILS	
Applicant(s) Name	
Company Name	
Address	
City	
State	
Post Code	
Phone	
Email	

Does the sum insured include GST?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you entitled to claim an input tax credit on the GST invoiced with the premium? 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 <input type="checkbox"/>	No <input type="checkbox"/>
If not distance from this facility:		
Is the horse(s) currently insured? If yes, please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Details:</u>		
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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Details:</u>		



DETAILS OF HORSE FOR WHICH A DECLARATION OF HEALTH IS REQUIRED & PRESENTED

Name of Horse	DOB	Sex	Sire	Dam	Sum Insured	Use

*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

1.	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 <input type="checkbox"/>	No <input type="checkbox"/>
2.	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 <input type="checkbox"/>	No <input type="checkbox"/>
3.	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 <input type="checkbox"/>	No <input type="checkbox"/>
4.	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 <input type="checkbox"/>	No <input type="checkbox"/>
5.	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 <input type="checkbox"/>	No <input type="checkbox"/>
6.	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 <input type="checkbox"/>	No <input type="checkbox"/>
7.	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 <input type="checkbox"/>	No <input type="checkbox"/>
8.	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 <input type="checkbox"/>	No <input type="checkbox"/>
9.	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 <input type="checkbox"/>	No <input type="checkbox"/>
10.	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 <input type="checkbox"/>	No <input type="checkbox"/>
11.	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 <input type="checkbox"/>	No <input type="checkbox"/>
12.	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 <input type="checkbox"/>	No <input type="checkbox"/>

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



IMPORTANT NOTE: PLEASE PROVIDE FULL DETAILS OF ANY QUALIFICATIONS 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)	<input type="checkbox"/>	Trainers Statement (complete 2B)	<input type="checkbox"/>
Show / competition record (complete 2C)	<input type="checkbox"/>	Breeding / Progeny (complete 2D)	<input type="checkbox"/>

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	Purchase Date:
Proof of Purchase Available:	Yes, as attached	No, other method of JOV attached.
	<input type="checkbox"/>	<input type="checkbox"/>

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

B. Trainers 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.

<u>DATE</u>	<u>COMPETITION</u>	<u>CLASS</u>	<u>RESULT</u>

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)

<u>PROGENY DETAILS</u>	<u>DATE OF BIRTH</u>	<u>DATE OF SALE</u>	<u>SALE NAME OR PRIVATE SALE</u>	<u>SALE PRICE</u>

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.

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.

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.



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.

<u>Full and Permanent Loss of Use</u> - Option A - (60%)	<input type="checkbox"/>
<u>Restricted Loss of Use</u> - Option B - (60%)	<input type="checkbox"/>
<u>Life Saving Surgical Fees</u> - Option A - Limit AUD 10,000 / Excess AUD 500	<input type="checkbox"/>
<u>Life Saving Surgical Fees</u> - Option B - Limit AUD 15,000 / Excess AUD 500	<input type="checkbox"/>
<u>Third Party Liability</u>	
Third Party Liability - Option A - Limit AUD 1,000,000/AUD 300 Excess Property Damage	<input type="checkbox"/>
Third Party Liability - Option B - Limit AUD 2,000,000/AUD 300 Excess Property Damage	<input type="checkbox"/>



DECLARATION AND SIGNATURE

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 HQ Insurance 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.

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.



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 of 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.

This applies to all persons to be covered under this contract of 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;
- For which the Insurer waives your duty to disclose.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their 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 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, 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 organizations 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.