

Bloodstock

Insurance Proposal Form & Health Declaration

PRIVACY STATEMENT AND DUTY OF DISCLOSURE

IMPORTANT INFORMATION: This form collects information, including personal information, that would influence the judgement of a prudent insurer when considering your insurance application. The information collected will be held by or on behalf of Arthur J. Gallagher & Co (NZ) Limited (Gallagher) for the purpose of providing insurance advice and services to you. You may request access to and correction of this information, subject to the provisions of the Privacy Act 2020.

You have a duty of disclosure to inform us of any information that would influence a prudent insurer's decision regarding whether to provide cover and on what terms. All information must be complete and accurate (subject to the provisions of the Criminal Records (Clean Slate) Act 2004) and may include other information not directly requested below. If you do not provide all this information, it may prejudice any insurance claim and entitle the insurer to void or cancel your insurance. This duty also applies at the time of renewal.

A: Your contact details

The applicant(s)

Full Name of Owner / or Owners:

Address:

Email:

Phone No.:

Mobile:

Period of Insurance: From:

To:

Please answer all the following questions

1 Has any Insurer ever:

- | | | |
|--|------------------------------|-----------------------------|
| (a) Declined your proposal for any insurance, or declined any claim made by you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) Cancelled your insurance? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) Refused you renewal of any insurance policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) Imposed special conditions on any insurance held by you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

2 Have you ever claimed under any bloodstock / livestock insurance policy? YES NO

3 Are there any other parties (other than the named Insured on this proposal) involved in the ownership of the horse(s) to be insured? YES NO

4 Are any of the horses proposed for this insurance subject to a lease agreement? YES NO

5 Do you have any other insurance on the risks to be insured? YES NO

6 Is the Entity / Insured named for this insurance registered for GST? YES NO

If Yes – please provide the GST number here:

If you have answered YES to any of the above questions, please provide full details (attach a separate page if required)

Bloodstock Insurance Proposal & Health Declaration (continued)

B: Horses to be insured

Name		Name	
Sire / dam:		Sire / dam:	
Age / sex:		Age / sex:	
Use:		Use:	
Sum insured including GST:		Sum insured including GST:	
% of ownership:		% of ownership:	

Name		Name	
Sire / dam:		Sire / dam:	
Age / sex:		Age / sex:	
Use:		Use:	
Sum insured including GST:		Sum insured including GST:	
% of ownership:		% of ownership:	

C: Health declaration

Please answer all the following questions

- Are the above named horses normal in eye, wind and action to the best of your knowledge? YES NO

If No give details:
- Have any of the horses suffered from colic or any related illness at any time to the best of your knowledge? YES NO

If Yes give details:
Has the animal made a full recovery?
- Have any of the horses suffered from any injury or disease or undergone any surgery at any time to the best of your knowledge? YES NO
- Has there been any evidence of a contagious or infectious disease during the past twelve months at the Stables/farm where the horses are being kept? YES NO

If Yes give details:
- Have any of the named horses received treatments for lameness (other than sore shins) to the best of your knowledge? YES NO

If Yes give details:
- When did you become owner of the horse?

Bloodstock Insurance Proposal & Health Declaration (continued)

C: Health declaration (continued)

7 What was the purchase price	\$
OR if home bred what was the service fee	\$

PLEASE NOTE: If you are in doubt submit a veterinary certificate confirming the horse is fit for mortality insurance

AUTHORISATION AND DECLARATION

The duty of disclosure is an important legal requirement that applies to insurance. When you apply for insurance you have a legal duty of disclosure. Before we can consider providing cover, you must disclose to us everything known to you which is relevant to:

- our decision to insure your animal/s
- the terms on which we insure your animals The duty applies to each Insured.

The duty also applies when you seek to enter into, renew, change or reinstate a policy.

Examples of information you may need to disclose include:

- any change in the animals use or activities;
- any change in the animal's health or injuries suffered;
- any criminal offence;
- any cancellation, refusal to renew insurance, or imposing of special terms by another insurance company;
- any insurance claims you have made in the past. If you don't make this disclosure Insurers may:
- refuse or reduce a claim;
- cancel the Cover;
- in some cases, treat the Cover as having never operated.

YOUR ONUS OF PROOF

The onus of proof that the insured animal was fit and in good health at the time that the insurance cover commenced lies with you (the insured) under the terms of this insurance.

IMPORTANT INFORMATION

In the event of any of the insured animal/s being injured and requiring Veterinary attention, please notify us.

Claims – 24 Hour Service

In the event of death or any life-threatening lameness, illness, accident, disease, you or your representative or any person who has care, custody or control of your animal/s should give immediate notice to the Gallagher Bloodstock team via phone or email:

+64 7 957 8600
bloodstock@ajg.co.nz

OPERATIONS

- Castration, Bone Chip etc.**
All operations must be notified at least 24 hours prior to the operation being performed.
- Life Saving Operations**
Must be performed as quickly as possible and notification given immediately. A second veterinary opinion should be obtained if time and circumstances allow.

I/we declare that:

- I/we have read and understood the information displayed at the beginning of this application and all the questions and answers on this application. If the answers to any question in this application are not in my/our writing, then they have been correctly written down at my/our dictation and approved and confirmed to me/us.
- The statements made in this application are true.
- I/we have disclosed all facts that may affect the acceptance of, and the terms applied to this insurance.
- This application and any other written statements made in connection with the proposed insurance shall be the basis of the contract between me/us and the insurer.

SIGNATURE ON BEHALF OF APPLICANT:

NAME:

DATE: