

Bloodstock Insurance Proposal & Health Declaration

Your Contact Details:

The applicant(s) (Full Name of Owner / or Owners): _____

Address: _____

Email address: _____

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Cancelled your insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Refused you renewal of any insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Imposed special conditions on any insurance held by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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): _____

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:

HEALTH DECLARATION

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

6. Are the above named horses normal in eye, wind and action to the best of your knowledge? Yes No

If No give details:

7. 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?

8. 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

9. Has there been any evidence of a contagious or infectious disease during the past twelve months at the Yes No

Stables/farm where the horses are being kept.

If Yes give details:

10. Have any of the named horses received treatments for lameness (other than sore shins) to the Yes No

Best of your knowledge?

If Yes give details:

11. When did you become owner of the horse?

12. 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

Insured's Duty of Disclosure

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.

If you are in doubt it is better to give us the information rather than take the risk of failing in your duty of disclosure.

DUE DILIGENCE is expected of the Insured. You must act with care, and as if uninsured at all times.

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 Crombie Lockwood Bloodstock

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:

Crombie Lockwood Bloodstock
Level 4, Bridgwater Building
130 Grantham Street
Hamilton 3204
New Zealand

Contact Details
Phone: +64 7 957 8600
Mobile: +64 21 859 216
Fax: +64 7 958 8630
liz.smith@crombielockwood.co.nz

Postal
PO Box 1395
Waikato Mail Centre
Hamilton 3240
New Zealand

Operations

- a. Castration, Bone Chip etc.
All operations must be notified at least 24 hours prior to the operation being performed.
- b. 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.

Declaration

I/We have read and understood the Duty of Disclosure as set out in this form and I/We declare that:

- a. All answers and statements made in this proposal are correct and complete in every respect and no information has been withheld which is likely to affect acceptance of this proposal form;
- b. If accepted by the Insurers, this proposal form and declaration shall form the basis of and be incorporated into the contract of insurance now being applied for;
- c. I/We understand that Crombie Lockwood Bloodstock require this information (which will be retained by Crombie Lockwood Bloodstock) in order to decide whether to accept this proposal form on behalf of the Insurers.
- d. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- e. Crombie Lockwood Bloodstock are authorised to disclose information contained herein to the Insurers.
- f. I/We authorise Crombie Lockwood Bloodstock to obtain, from any other party, information that is relevant to this proposal form;
- g. I/We understand that under the terms and conditions of this Policy, there is no cover for claims arising or attributable to any pre-existing condition that is in existence either at the original inception date of this Policy or any subsequent renewal, unless confirmed in writing by Crombie Lockwood Bloodstock

SIGNED BY:

Owner / Trainer / Manager / Stud Master / Agent

Dated: ____ / ____ / ____

Completed by telephone

As discussed and agreed with:

By telephone on Date: ____ / ____ / ____ At ____ AM PM

SIGNED: