



A.I.S. Insurance Brokers Pty Ltd
PO Box 7660 Melbourne VIC 3004
137 Moray St South Melbourne VIC 3205
DX 20509 Emerald Hill
Telephone: 03 8699 8888
Facsimile: 03 8699 8899
E Mail: insure@aisinsurance.com.au
Website www.aisinsurance.com.au

Insured: _____

Policy Number: _____

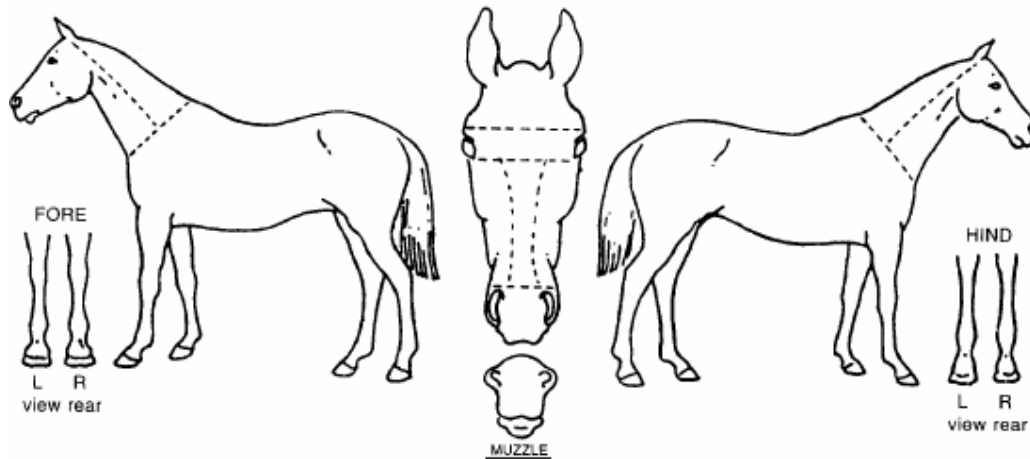
RENEWAL DECLARATION OF HEALTH

Questionnaire:

Please answer all questions. If there is insufficient space to provide answers attach a separate sheet with details.

1. Is the horse(s) proposed for insurance sound and healthy, free from vice, and well cared for in every respect? Yes No
If no, give full details: _____
2. Has the horse(s) proposed for insurance suffered any sickness or accident during the past 12 months? Yes No
If yes, give full details: _____
3. If previously insured as a colt, has the animal since been gelded? Yes No

Name of Horse: _____



Extensions:

Loss of Use Yes No

Declaration:

I/We do hereby agree-

- (1) the answers contained in this Declaration are in every respect true and correct, and I/We have not withheld any material information likely to effect the acceptance of the Declaration of Renewal.
- (2) to exercise all reasonable precaution for the safety of the horse(s) to be insured.
- (3) to accept renewal of the insurance subject to the terms, exclusions, conditions and limitations of the Company's Policy.

Signature _____ **Date:** _____

Client Name: _____ **Policy Inception Date:** _____