



A.I.S. Insurance Brokers Pty Ltd
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Insured: _____

Policy Number: _____

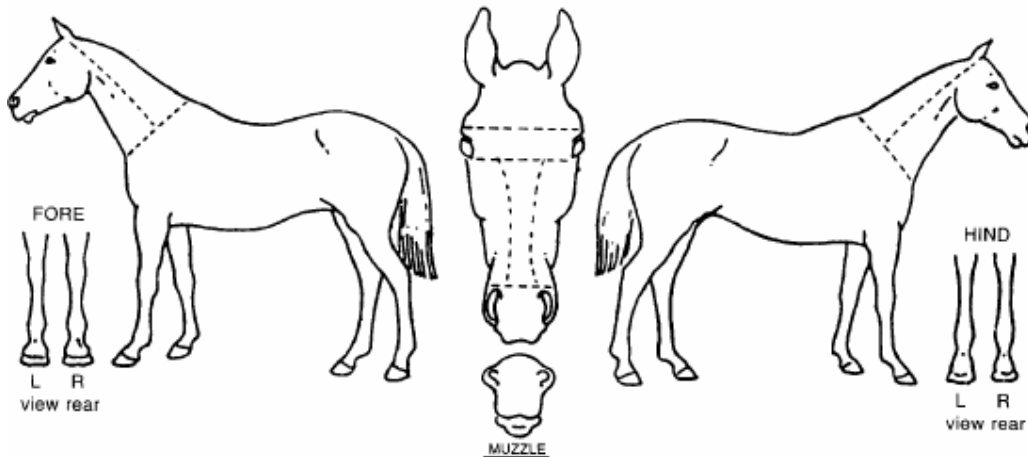
RENEWAL DECLARATION OF HEALTH

Questionnaire:

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

- 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: _____
- Has the horse(s) proposed for insurance suffered any sickness or accident during the past 12 months?
 Yes No
 If yes, give full details: _____
- If previously insured as a colt, has the animal since been gelded?
 Yes No

Name of Horse: _____



Extensions:

- | | | | | | |
|-------------------|--------------------------|-----|--------------------------|----|-----------------------|
| Loss of Use | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| Public Liability | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| Saddlery & Tack | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If Yes, Details _____ |
| Horse Trailers | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If Yes, Details _____ |
| Personal Accident | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

Declaration:

I/We do hereby agree-

- 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.
- to exercise all reasonable precaution for the safety of the horse(s) to be insured.
- 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:** _____