

EQUINE APPLICATION FORM

YOUR DETAILS

Full Name _____

Phone: Work (____) _____ Home (____) _____ Mobile _____

Postal Address _____ State _____ Postcode _____

I consent to receiving all correspondence and documentation from AIS via the email address provided below:

Email _____

Are you registered for GST? Yes No

If yes, please provide ABN _____ ITC proportion _____%

Has any Insurance Company declined an Application from you, cancelled or refused to renew your Certificate or required special terms to insure you? Yes No

If yes, provide full details _____

DESCRIPTION OF THE HORSE TO BE INSURED

Name _____

Sex: Filly Mare Colt Stallion Gelding

Colour _____ Height _____ Date of Birth _____

Sire _____ Dam _____ Breed _____

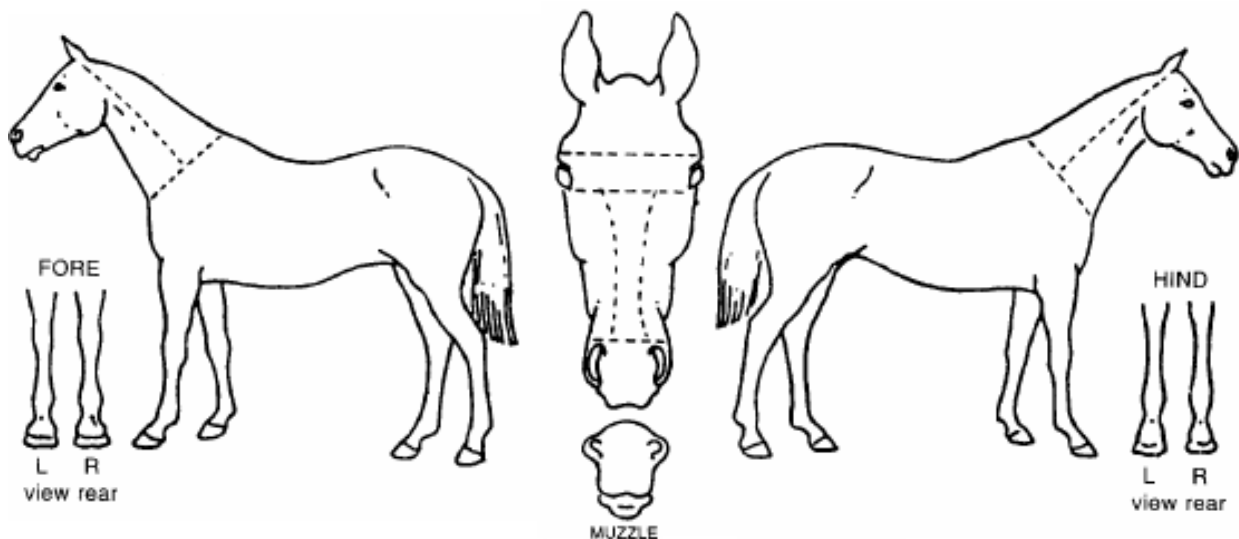
Microchip No. _____ Registration No. _____ Assoc/Society _____

Primary Address of Horse _____ State _____ Postcode _____

Use: Dressage Jumping Eventing Showing Campdrafting Reining
 Barrel Racing Pleasure Polo/Crosse Pony/Riding Club Other _____

Attach photograph OR draw brands and/or markings:

Mark whorls as **X**, scars as **➔**



HORSE HEALTH / CARE

- 1. Does a farrier regularly attend the horse? Yes No
If yes (a) Frequency _____ (b) Any corrective shoeing? _____
- 2. How often is the horse under supervision? Constant Daily Weekly
- 3. Does the horse suffer from any congenital and/or conformation fault? Yes No
If yes, provide details _____
- 4. Has the horse suffered from or been treated for any injury, illness or disease? Yes No
If yes, provide details _____
- 5. Has any industry professional advised that items outlined in question 3 and 4 may predispose the horse to future injury, illness or disease? Yes No
If yes, provide details _____
- 6. Please provide the following details of your regular Veterinary Surgeon (we may contact them for further information):
Full Name _____ Phone Number _____
Postal Address _____ State _____ Postcode _____
- 7. Is there any other party with financial interest in the horse(s) proposed for insurance? Yes No
If yes, is insurance required for that party's interest? _____
- 8. If the horse is leased, please provide the owner's details (we may contact them for further information):
Full Name _____ Phone Number _____
Postal Address _____ State _____ Postcode _____
- 9. Have you ever sustained a loss or losses by any contingencies against which you now propose to insure? Yes No
If yes, state details of the losses _____

BASIC COVER – MORTALITY, THEFT & LOSS OF ENTRY FEES

Our Equine Insurance Package is underwritten by Certain Underwriters at Lloyd's.

SECTION 1 – MORTALITY

- From \$1,000 up to and including \$65,000 (limited to \$5,000 for horses 16 years and over)
- Cover for **death**, or **euthanasia on humane grounds**, resulting from **accidental injury, illness or disease**
- Includes up to \$200 for an Autopsy report following a claim
- Covers horses from **24 hours** old up to and including **20 years of age**
- Covers whilst your horse is being **transported within Australia** and while temporarily in New Zealand, including any journeys between these areas
- An excess of \$nil to each claim

SECTION 2 – THEFT & STRAYING

Theft or straying where the horse is not recovered within 90 days, plus up to \$300 for advertising and reward.

SECTION 3 – ENTRY FEES

Loss of irrevocable entry fees up to \$300 following a claim under Section 1 – Mortality.

Period of Insurance:
From _____
To _____
Sum Insured*:
\$ _____
Date of Purchase:

Purchase Price:
\$ _____

*Should the Sum Insured be greater than the Purchase Price please attach detailed justification.

OPTIONAL EXTENSIONS

SECTION 4 – PUBLIC LIABILITY (also available as a stand-alone cover)

- Cover for your legal liability in respect of accidental:
 - death, bodily injury, illness, or disease of any person;
 - loss of, or damage to, tangible property arising from your ownership and use of the insured horse
- Includes legal costs
- An excess of \$250 to each property damage claim

Yes

If yes, select option:

\$ 1,000,000

\$ 5,000,000

\$10,000,000

SECTION 5 – LOSS OF USE

Restricted – Cover in the event of an injury, illness or disease that results in the horse becoming **totally and permanently incapable of fulfilling its principle use** as stated. Horses aged 2 up to and including 20 years of age when cover commences.

Breeding – Cover in the event of injury or illness that renders the Stallion/Colt **totally and permanently impotent, infertile or incapable of natural service**. Horses aged 2 up to and including 15 years of age when cover commences.

Cosmetic – Covers **permanent scarring** following an injury, illness and/or cosmetic condition which renders your horse permanently incapable of fulfilling its principle use as stated in the schedule because of its appearance. Horses aged 2 up to and including 15 years of age when cover commences.

- An excess of \$nil to each Loss of Use claim

Yes

If yes, select option(s):

Restricted

Breeding

Cosmetic

SECTION 6 – SADDLERY & TACK

- Loss or damage to your riding equipment up to the value of \$20,000
- No article will be deemed of greater value than \$500 unless specified on the certificate
- An excess of \$50 applies to each claim

Yes

	Description of Nominated Items	Sum Insured
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Please use the Additional Comments section if you require extra space.

Total \$ _____

SECTION 7 – HORSE TRAILERS / FLOATS

- Loss or damage caused by fire, theft or accidental damage for horse floats up to the value of \$20,000
- An excess of \$200 applies to each claim

Yes

Make & Model _____

Registration No. _____ Year of Mnfr. _____ Sum Insured \$ _____

Garage Address _____ State _____ Postcode _____

Name of Primary Driver _____ Date of Birth _____

Have you had any claims in the past 5 years? Yes No

If yes, please give full details _____

SECTION 8 – PERSONAL ACCIDENT & DENTAL

- \$5,000 for death, permanent disability, loss of sight or limb
- \$2,500 for death if the deceased is under 18 years of age
- \$750 for dental treatment
- An excess of \$nil to each claim

Yes

ADDITIONAL COMMENTS

YOUR DUTY OF DISCLOSURE

Before You enter into the Policy with Us, the Insurance Contracts Act 1984 requires You to disclose to Us every matter that You know or could reasonably be expected to know is relevant to Our decision whether and on what terms Your application for insurance is acceptable and to calculate how much premium is required for Your insurance.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate the Policy.

The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time You provide answers or make disclosure and the Relevant Time, You need to tell Us.

The Duty of Disclosure applies to You and everyone that is an insured under the Policy. If You provide information for another insured, it is as if they provided it to Us.

WHAT YOU DO NOT NEED TO TELL US

You do not need to tell Us about any matter:

- that diminishes Our risk;
- that is of common knowledge;
- that We know or should know as an insurer; or
- that We tell You We do not need to know.

NON DISCLOSURE

If the duty of disclosure is not complied with We may cancel the Policy and/or reduce the amount We pay if You make a claim. If fraud is involved, We may treat the Policy as if it never existed, and pay nothing.

DECLARATION OF HEALTH & FACTS

- I/We hereby acknowledge that my/our duty of disclosure has been brought to my/our notice as per the disclosure notice printed with this Application Form.
- I/We declare that the Horse/s proposed for this insurance is/are in good health and is/are free from injury, disability, abnormality or illness and have been so for the past twelve (12) months and that I/We have not withheld any information likely to affect acceptance of this Application.
- I/We are aware that my/our answers to the above questions will be subjected to acceptance and may lead to variations in cover, exclusions being applied or entire declination of cover for my/our horse.
- I/We hereby acknowledge that no insurance is in force until this Application Form and any Veterinary Certificate/s (if required) have been accepted by AIS Insurance Brokers.
- I/We also declare that the information provided in this Application Form by me/us is correct in every particular.

Signature _____ **Date** _____

GENERAL ADVICE WARNING
*This document has been prepared without taking into account your objectives, financial situation or needs. You must therefore assess whether it is appropriate, in the light of your own individual circumstances, to act upon this advice.
Please refer to the Insurance Product Disclosure Statement (PDS) prior to making any decision to acquire that product.*