AIS

A.I.S. Insurance Brokers Pty Ltd
ACN 065 797 597
ABN 36 543 825 719
AFS Licence No. 255304

137 Moray Street
South Melbourne
Victoria 3205
Australia

Telephone +61 3 8699 8888
Facsimile +61 3 8699 8899
email insure@aisinsurance.com.au
www.aisinsurance.com.au

RENEWAL DECLARATION OF HEALTH

To be completed by the Insured:

Insured's Name:	Policy Number:
Name of Horse:	The horse is: ❑ Spelling ❑ In light work ❑ In full work

If the use of the horse has changed, or intends to change during the next 12 months, please indicate below:

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

Is the horse proposed for insurance sound and healthy, free from vice, and well cared for in every respect? ❑ Yes ❑ No
If no, give full details:

During the last 12 months, has the horse proposed for insurance:
    (a) had any surgery / veterinary treatment / x-rays taken? ❑ Yes ❑ No
    (b) suffered from any illness or injury? ❑ Yes ❑ No
If yes to either, give full details:

If previously insured as a stallion or colt, has the animal since been gelded? ❑ N/A (Mares / Fillies) ❑ Yes ❑ No

Clients please note:

➤ Please answer all questions. If there is insufficient space to provide answers, attach a separate sheet with details.
➤ No Insurance is in force until this Declaration of Health has been accepted by the underwriter.
➤ Veterinary Certificates will be required annually, at your cost, in the following instances:
  ▪ the horse is 12 years of age or over when cover commences
  ▪ foals under 6 months of age
  ▪ the horse is insured for more than $20,000
  ▪ the horse is to be used for Show Jumping / Eventing / Polo / Polocrosse / Endurance
  ▪ Loss of Use (Restricted, Breeding and/or Cosmetic) is required*
    *Where the **Restricted Loss of Use** extension is required, the Veterinary Certificate must include **hoof & flexion tests** on all four legs.
➤ We do not require original copies of your documentation. You may return via email, fax or mail.

Attach photograph **OR** draw brands and/or markings: Mark whorls as **X**, scars as ➡

FORE   L R view rear   MUZZLE   HIND   L R view rear
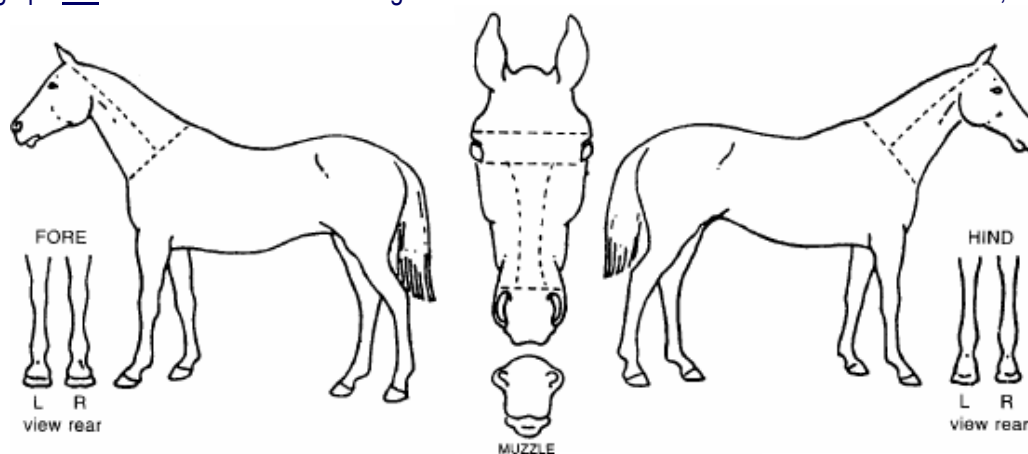
Declaration:
I/We do hereby agree-
(1) the answers contained in this Declaration are in every respect true and correct, and I/We have not withheld any material information likely to effect the acceptance of the Declaration of Renewal.
(2) to exercise all reasonable precaution for the safety of the horse(s) 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:** _____