



DECLARATION OF HEALTH (DOH)

POLICYHOLDER:	
POLICYHOLDER ADDRESS:	
HORSE NAME (OR SIRE/DAM):	
YEAR OF BIRTH:	
BREED:	
SEX:	
USE:	
<p>YOUR DUTY OF DISCLOSURE: YOU MUST TAKE CARE WHEN ANSWERING ANY QUESTIONS WE ASK BY ENSURING THAT ALL INFORMATION PROVIDED IS ACCURATE AND COMPLETE. YOU HAVE A DUTY TO DISCLOSE TO US ALL MATERIAL FACTS THAT WE MAY RELY ON WHEN SETTING THE TERMS OF THE POLICY OR ACCEPTING COVERAGE.</p> <p>IF YOU DO NOT TELL US SOMETHING: IF WE ESTABLISH THAT YOU HAVE FAILED TO COMPLY WITH THIS DUTY OF DISCLOSURE OR PROVIDED US WITH INCORRECT OR INCOMPLETE INFORMATION THAT WE HAVE RELIED UPON WHEN ACCEPTING THIS COVERAGE, WE MAY REFUSE TO PAY YOUR CLAIM OR REDUCE THE AMOUNT PAYABLE TO YOU. IF THE NON-DISCLOSURE IS FRAUDULENT THEN WE MAY TREAT YOUR POLICY AS IF IT NEVER EXISTED AND DECLINE ALL CLAIMS.</p>	

1. The above animal at present is normal in eyes, wind, conformation and action and represents a normal risk for mortality insurance purposes: if no, please provide full details (continue on a separate page if necessary):	YES / NO
2. Has the above animal suffered from and/or undergone surgery for colic and or any other gastro and or intestinal problems at any time?	YES / NO
3. Has the above animal suffered from any other injury, illness or disease or undergone any surgery at any time?	YES / NO
4. Has the above animal suffered from any tendon or ligament injury at any time?	YES / NO
5. Has the above animal been fired, blistered, denerved, received joint injections, undergone remedial farriery or special shoeing, or been operated on or received treatment for any lameness at any time?	YES / NO
6. Has the above animal suffered from melanomas, sarcoids, warts or any other type of growth at any time?	YES / NO
7. Has there been any evidence of contagious or infectious disease at the stables/farm where the horse(s) is/are kept during the past twelve months?	YES / NO
8. Has the above animal been examined by a veterinarian other than for normal routine procedures at any time?	YES / NO
9. Has the horse received steroidal, non-steroidal, anti-inflammatory or analgesic medication any time in the last 12 months?	YES / NO

10. If male, are both testicles evident and palpate normally?	YES / NO
11. If mare, is she in foal?	YES / NO
12. If yes, give name of covering stallion and last service date:	
13. If broodmare is she shod? If the answer is yes, please provide reasons why:	YES / NO
14. NAME AND ADDRESS OF PERSON WHO HAS CARE, CUSTODY AND CONTROL: Name: Address:	
If the answer is YES to questions 2-9 above, please provide full details and indicate whether the animal has fully recovered (continue on a separate page if necessary):	
SIGNED AND DATED:	
POSITION OF SIGNATORY (please delete as applicable): Policyholder / Trainer / Stud Manager / Veterinarian/ Other (please advise)	

IF YOU HAVE ANSWERED YES TO QUESTIONS 2-9 OVERLEAF, PLEASE COMPLETE BELOW AS APPROPRIATE

PLEASE INCLUDE COPIES OF ALL RELEVANT VETERINARY REPORTS

DATE OF PROBLEM	TYPE OF PROBLEM	TREATMENT DETAILS	RECOVERY STATUS

ADDITIONAL INFORMATION: