

Lloyd's Equine Proposal Form

USUAL COVER IS AGAINST THE RISKS OF MORTALITY, SUBJECT TO VARIOUS CONDITIONS, LIMITATIONS AND EXCLUSIONS. A COPY OF THE WORDING SHOWING THE FULL EXTENT OF THE COVER MAY BE SEEN UPON APPLICATION TO YOUR BROKER. BEFORE ANY QUESTION IS ANSWERED READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL WHICH YOU ARE REQUIRED TO SIGN. ANSWER ALL QUESTIONS IN FULL. IF THERE IS INSUFFICIENT SPACE TO ANSWER ANY OF THE QUESTIONS PLEASE CONTINUE ON SEPARATE SHEET PROVIDED.

1 a) PROPOSER'S FULL NAME (Mr/Mrs/Miss/Ms) and Address

Tel No(s):

Fax No.

Mobile No:

E-Mail:

b) Occupation

2 a) Is the HORSE(s) currently insured or has it been insured previously by you or your agent?

YES

NO

If yes, please supply expiry date together with name of your agent/broker and the insurer.

b) Has any insurer ever declined or refused you equine insurance?

YES

NO

If yes, give details.

3 Have you other HORSE(s) which are not proposed for insurance hereunder?

YES

NO

If yes, give details and state reason why.

4 Have any HORSE(s) owned by you/in your care died during the past three years?

YES

NO

If yes please state cause and date of death and in each case state whether or not insured?
If insured please state, sum insured, and name(s) of Insurer(s).

5 Please state what geographical limits are required for the HORSE?

I agree with the following statements:

YES

NO

6 a) I am the 100% owner of the HORSE. (If not please advise your interest on separate sheet as only your interest will be insured).

b) I have owned the HORSE for more than 12 months. (If not attach details of previous owner on separate sheet).

c) There is no mortgage, lien, loan, bill of sale or any other encumbrance on the HORSE.

d) The HORSE is housed in a stable or paddock designed for equine occupation and any stable has adequate protection from fire risks.

e) The HORSE is sound, healthy and fully inoculated in accordance with my VETINARY SURGEON'S recommendation.

f) I have attached any relevant vet reports and full particulars of any defects or ailments, illness or disease ever suffered by the HORSE.

g) Has the HORSE ever been nerved.

h) There is not currently nor has there been in the past 12 months any contagious or infectious disease on the premises where the HORSE is located.

i) To my knowledge there is not currently nor has there been in the past 12 months any contagious or infectious disease in the neighbourhood of the premises where the HORSE is located.

j) The HORSE is located within 30 miles of veterinary facilities for major operations.

IF YOU HAVE TICKED ANY OF THE SHADED BOXES GIVE FULL DETAILS ON SEPARATE SHEET PROVIDED.

SCHEDULE OF HORSES PROPOSED FOR INSURANCE (Please use extra pages if required)

Particulars of HORSE:

<p>Name/Breeding:</p> <p>Use:</p> <p>Age:</p> <p>Sex:</p> <p>Breed:</p> <p>Proposed Sum Insured:</p> <p>Please provide basis and full justification of value including any relevant show, racing or breeding records.</p> <p>If purchased please specify date and price:</p> <p>Location, name of trainer/stud farm (if applicable)</p> <p>Name of your attending VETERINARY SURGEON and distance from HORSE location.</p>	
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DATA PROTECTION ACT 1998

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and handling of any claims which may arise under it, Underwriters may need to transfer certain information which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

DECLARATION

The above named horses are owned by me and, to the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. Any change in material facts must be notified to the Underwriters. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: if you are in any doubt as to whether a fact is material or not you must disclose it in this space below or on a separate sheet attached).

If separate sheet(s) or annexes have been attached, please indicate how many in this box.

This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding whether to accept this Insurance. Should a contract of insurance be concluded this proposal will form the basis of the insurance.

Subject to acceptance by Underwriters, when would you like the insurance to commence.

Date

Signature of proposer:

Date

ANNEX [ADDITIONAL EQUINE PROPOSAL QUESTIONS]

NOTE: PLEASE COMPLETE SECTIONS A,B AND C AS APPLICABLE.

SECTION A

SPECIAL QUESTIONS: BREEDING STALLIONS

In respect of the HORSE state

- a) Dates of beginning and ending of service season.
- b) Present stud fee.
- c) Stud fee last season.
- d) Number of own mares served last season.
- e) Number of other mares served last season.
- f) On what basis is the stud/service fee charged?
- g) Amount actually earned in last full season.
- h) Amount actually earned in current season to date.
- i) Bookings for remainder of current season.
- j) Expected bookings for next season.
- k) Live foal fertility percentage for the last three seasons.
- l) If the horse is used for AI, please give details of any stored semen and/or plans to store semen during the policy period.

SECTION B

SPECIAL QUESTIONS: BROODMARES

- a) Last service date.
- b) Location of last service including name of stallion.
- c) Stud fee paid and terms.
- d) Progeny record of mare for the last five years.
- e) Does the mare have any history of abortion or stillbirth?
If yes, give details
- f) Is the mare used for embryo transfers?
If yes, as a recipient or donor?

SECTION C

SPECIAL QUESTIONS: RACEHORSES

Has any HORSE been entered for or raced in any claiming or selling race during the past twelve months?

If yes, state which HORSE(S) and please give details.

SECTION D

RACING/SHOW RECORD during twelve months immediately prior to this proposal:

PLEASE ATTACH PRINTOUT OR COMPLETE THE SECTION BELOW.

Name	Competition/Race	Date	Placings	Total amount won

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[ADDITIONAL SPACE FOR RESPONSES TO EQUINE PROPOSAL QUESTIONS]

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