

If YES, to a, b, or c, give details.

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5. How long have the animals been in your possession or care?

6. a) Are the animals now insured or have they been insured previously by you or your agent? YES NO
If YES, give details including the names of Insureres...

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b) Has any Insurer ever declined or refused to renew your Livestock Insurance? YES NO
If Yes, give details.

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7. a) Have you other horses which are not proposed for Insurance? YES NO
If YES, give details...

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b) If all horses are not proposed for insurance (or already insured) state why.

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8. a) How many animals have you lost during the last two years, irrespective of class, type or breed?

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b) State cause and date of death in each case.

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c) Have you been paid claims on livestock at any time? YES NO
If YES, state how many, amount(s) and name(s) of Insurer(s).

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9. a) Name, full address and telephone number of your Veterinary Surgeon.

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b) What is his distance from where the animals are normally located?

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10. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? If so please give full details.

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SPECIAL QUESTIONS: MALE ANIMALS

11.

- a) Is any animal to be sold, or let on mortgage commission lien or hire? YES NO
If YES, give details.

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In respect of each of the animals state:-

- b) Number of shares per stallion.
- c) Sum insured per stallion share.
- d) Dates of beginning and ending of service season.....
- e) Present service fee.....
- f) Service fee last season 3 seasons
1)..... 2)..... 3).....
- g) Number of own animals served last season.....
- h) Number of other animals served last season.....
- i) Whether service fee is on 'no foal (or offspring)-no fee' basis.....
- j) Bookings last 3 years
1).....2).....3).....
- k) Bookings for next season
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SPECIAL QUESTIONS: PREGNANT ANIMALS

12.

- a) Date due to give birth.
- b) Fee paid for covering.....
- c) Year animal last gave birth.....
- d) Have any of the young been cast, aborted or stillborn? YES NO
- e) Have you any other pregnant animals of like category? YES NO

If so how many

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SPECIAL QUESTIONS: RACING/SHOW/SHOW JUMPING RECORD

13. During twelve months immediately prior to this proposal:

NAME	NO OF ENTRIES	PLACINGS	TOTAL AMOUNT WON

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DECLARATION

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts.

I understand that non-disclosure or misrepresentation of a material fact will 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 what constitutes a material fact you should consult your Broker.

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

SIGNATURE OF OWNER: _____ DATE: _____

PRINTED NAME OF OWNER: _____

INSTRUCTIONS TO VETERINARY SURGEON

It is required in every case that each animal shall be examined outside the stall and that it should be made to move about to demonstrate soundness of limbs and freedom of action. Animals having vicious habits, that have suffered recurrent attacks of colic or bleeding, that have had tuberculous or that have been un-nerved, are not insurable. Careful observation and enquiry should be made as to housing conditions and the presence of contagious or infectious disease.

VETERINARY CERTIFICATE

I DO HEREBY CERTIFY that I have this day examined the:

BREED	COLOUR	SEX	AGE	NAMED	SIRE	DAM	MARKINGS	OWNED BY

- 1
 - a) Is any female animal pregnant? YES NO
 - b) If Yes, state which and expectant date and any symptoms detrimental to satisfactory breeding.

2. Has any female a history of abortion? YES NO
3. Are pulse and respiration of each animal normal? YES NO
4. Are both eyes of each animal normal? YES NO
5. Does any animal manifest any indication of lameness or faulty conformation in any of its legs or feet?
YES NO
6. Is any animal subject to attacks of colic, bleeding, viciousness or tuberculosis? YES NO
7.
 - a) Has any operation been performed on any animal? YES NO
 If YES, give details and state date and whether fully recovered and whether any likelihood of future danger to life as a result of such operation.

8. Is there to your knowledge any contagious or infectious disease in the neighbourhood? YES NO
9. As regards horses:
 - a) Has the heart been auscultated, before and after exercise, and found normal? YES NO
 - b) Have any animals been fired or blistered? YES NO
 If YES, give details and state date and whether fully recovered and whether any likelihood of future danger to life or limb as a result of such firing or blistering?

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c) Has neurectomy ("un-nerving") been performed on any animal? YES NO

REMARKS:

I found the housing to be _____ and I discovered _____
contagious or infectious disease present: and, except as noted above, I hereby certify that each animal is in sound health.

SIGNED:

QUALIFICATIONS:

DATE OF EXAMINATION:

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