



**EQUINE PROPOSAL FORM**

Cover is against the Risks specified in the schedule and subject to various conditions, limitations and exclusions. A copy of the WORDING will be provided upon request.

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. Tick Yes or No as appropriate.

**Details of animals**

Table with 4 columns: Number, Breed, Age, Value. The table is currently empty.

1. a) Where are the above animals normally located?

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b) Are they stabled at night? YES NO
c) Will they be kept in enclosed paddock? YES NO

2. a) Are there any leases or mortgages on any of the animals? YES NO
If Yes, give details.

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3. a) Are the animals sound and healthy? YES NO
b) Give full particulars of defects or ailments, illness or disease, during last twelve months.

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c) Have any animals ever been fired blistered or otherwise operated on other than for castration? YES NO
If YES, give details

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4. a) Is there any contagious or infectious disease on the premises now? YES NO
b) Has there been any during the past twelve months? YES NO
c) Is there any, to your knowledge, in the neighbourhood now? YES NO

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  
.....

**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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