

Name of Insured in full: ..... Occupation: .....

Postal Address: .....

Telephone Number: ..... Postcode: .....

Insurance required for 12 months from: .....

Are you registered for GST?  Yes  No ..... ABN: .....

Full name in which GST registration is held for the purposes of this insurance: .....

### Questions

### Answers

- |   |             |
|---|-------------|
| 1. If a Temporary Cover Note has been issued to cover the animals listed, state number.   | 1. ....     |
| 2. (a) Location of animals  | 2. a) ..... |
| (b) For what purpose are the animals used? i.e. Racing, breeding.   | b) .....    |
| (c) Are there any Leases or Bills of Sale on any of the animals? If so give details.  | c) .....    |
| 3. (a) Are the animals sound and healthy, free from vice and well cared for in every respect?   | 3. a) ..... |
| (b) Give full particulars of defects or ailments, illnesses or disease during last 12 months.   | b) .....    |
| (c) Has there been any contagious or infectious diseases on the premises where the animals are now situated during the last twelve months?  | c) .....    |
| 4. (a) Are the animals now insured, or have they been insured previously? If so, give details.  | 4. a) ..... |
| (b) Has any Insurer ever declined, cancelled or refused to renew your Livestock Insurance? If so, give details.   | b) .....    |
| 5. (a) How many of your animals have died during the last 2 years, irrespective of class, type or breed? Please state cause and date of death in each case.   | 5. a) ..... |
| (b) Have you ever been paid claims on livestock at any time? If so, state how many, amount(s) and name(s) of Insurer(s).  | b) .....    |
| 6. How long have you owned horses? If this is your first horse state so.  | 6. ....     |
| 7. Are there any other Material Facts relating to the Risk to be insured or the applicant which should be disclosed to enable a true assessment of your application to be made before its acceptance? | 7. ....     |

### Special Questions

#### A – Stallions

1. When did he commence Stud duties? .....
2. What was last season's fertility percentage? .....
3. Service Fee Last Season This Season .....
4. Total of service fees earned last season: .....
5. Will he be turned loose with mares at any time? .....

#### C – Foals Up To 12 Months Of Age

NOTE: the sum to be insured for foals will be limited to 3 times the service fee unless otherwise agreed by the Insurers.

1. If any of the Dam's previous three foals have died before 12 months give details: .....
2. Service Fee paid in respect to the foal to be insured: .....
3. If sum insured required for more than 3 times service fee, please give justification: .....
4. **ARAB FOALS ONLY:** If there is any history of Combined Immunodeficiency Disease in progeny of Sire or Dam give details: .....

#### B – Broodmares

1. Is the mare in foal? .....
2. If so, to what stallion? .....
3. Amount of Service Fee? .....
4. Will the mare be having her first foal during currency of Policy? .....
5. If not, state last year of foaling: .....

#### D – Racehorses

Please give the following race record details for previous 12 months:

1. Number of Races .....
2. Number of Firsts .....
3. Number of Seconds .....
4. Number of Thirds .....
5. Prize Money won during last 12 months: .....
6. Prize Money won during lifetime: .....

Please complete on reverse side & make certain the document is signed.

\*If there is insufficient space on this form to make a full answer to any question, please give full answer in space provided for extra details overleaf.

