

GOW-GATES INSURANCE BROKERS LIMITED

HORSE COMBINED PROPOSAL FORM



INSTRUCTIONS:

1. Read the *Disclosure of Relevant Facts* and *Important Notice* below.
2. Complete all details required from (pages 2-6) and only those optional extensions as requested (pages 7-8).
3. Read and sign the Applicant Declaration (page 4)

DISCLOSURE OF RELEVANT FACTS

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters

- that diminishes the risk to be undertaken by the Insurer
- that is of common knowledge
- that your Insurer knows or, in the ordinary course of his business ought to know
- as to which compliance with your duty is waived by the Insurer.

NON- DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of voiding the contract from its beginning.

IMPORTANT NOTICES

This insurance does not provide cover in relation to events that occurred before the contract was entered into.

This insurance will not be in force until the completed and signed Declaration has been received and the risk accepted by the Underwriter. The Underwriter reserves the right to decline any Declaration.

Please return completed forms to:

Equestrian Division
Gow-Gates Insurance Brokers
GPO Box 4731, Sydney, NSW 2001

If you have any queries please contact us:

P: 02 8267 9999
F: 02 8267 9998
E: equestrian@gowgates.com.au

PROPOSER'S DETAILS

NAME: (MR / MRS / MISS / MS)

ADDRESS:

TELEPHONE:

MOBILE:

EMAIL:

OCCUPATION:

EA members receive a discretionary discount. Please state your EA membership number, your Affiliated Club (if applicable) and State Branch to receive maximum benefits.

EA MEMBERSHIP NUMBER:

STATE BRANCH:

HAVE ANY HORSES, OWNED BY YOU, DIED OR BEEN STOLEN IN THE PAST 5 YEARS?
(If yes, please give details)

HAVE YOU EVER BEEN DECLINED INSURANCE, OR HAD ANY SUCH INSURANCE CANCELLED OR RENEWAL REFUSED, OR HAD SPECIAL TERMS IMPOSED? (If yes, please give details)

HAVE YOU MADE ANY CLAIMS ON AN EQUINE INSURANCE POLICY IN THE LAST 5 YEARS? (If yes, please give details)

HORSE'S DETAILS

(please see separate sheet attached if multiple horses to be quoted)

NAME:

BREED:

SEX:

AGE:

COLOUR:

IDENTITY
MARKINGS:

PASSPORT / BREED
REGISTRATION NUMBER:

SIRE:

DAM:

USE (please list all
activities):

PROPOSED VALUE OF THE
HORSE (SUM INSURED):

Yes No

DOES THIS INCLUDE GST?

ARE YOU ENTITLED TO CLAIM AN INPUT TAX CREDIT ON THE GST INVOICED WITH
THE PREMIUM? IF YES, WHAT PERCENTAGE OF GST ARE YOU ENTITLED TO CLAIM?

LOCATION WHERE THE HORSE IS
USUALLY KEPT:

DISTANCE FROM YOUR USUAL
VETERINARY SURGEON:

DISTANCE FROM THE NEAREST
VETERINARY FACILITY FOR MAJOR
OPERATIONS:

Yes No

IS THE HORSE(S) CURRENTLY INSURED? If yes, please give details.

IS THERE ANY OTHER PARTY WITH A FINANCIAL INTEREST IN THE
HORSE? If yes, please give details.

Yes No

DECLARATION OF HEALTH

To your knowledge has the above horse:

1. ever suffered from any form of colic or other intestinal or digestive disorder? Yes No

If yes, please provide details.

If yes, is/are the horse(s): Fully Recovered Not fully recovered?

2. ever suffered from any lameness, fractures, tendon or ligament injury? Yes No

If yes, please provide details

If yes, is/are the horse(s): Fully Recovered Not fully recovered?

3. received attention from any Veterinary Surgeon or Alternative Therapist for any reason other than routine vaccination or obstetric work, including farriery, in the last 12 months. Yes No If yes, please provide details

4. Is the above horse at present normal in conformation, eyes, heart, wind and action and in good health? Yes No

If No, please provide details

5. Is there any other factor affecting the health of the horse which should be disclosed? Yes No

If Yes, please provide details

In the event of a claim Underwriters reserve the right to request a Veterinary Treatment Summary for the past 12 months.

DECLARATION

I, (print your name), hereby declare that the horse/s described above is/are in a good state of health and condition and to the best of my knowledge and belief has/have not suffered any illness, injury, disease or other condition during the past 12 months except as stated above.

I declare that no information has been withheld or known of any other circumstance likely to effect the acceptance of this insurance.

I agree that this application and declaration shall be the basis of the insurers certificate and will be subject to the terms, conditions, exclusions and endorsements contained therein.

Signature: Date:

JUSTIFICATION OF VALUE

IMPORTANT NOTE

The indemnity given by the certificate is the **sum insured** or the **fair market value** of the horse at the date of loss, whichever is less. It is NOT an agreed value insurance and the onus rests on you to justify the horse's value in the event of a claim, if required by insurers. We can discuss with you and assist in determining the fair market value.

In order to make sure that your certificate will respond in the event of a claim, it is very important that YOU SHOULD NOTIFY US if it becomes apparent that the sum insured exceeds your horse's fair market value at any time. You should then instruct us to adjust the sum insured accordingly, with a pro rata refund of premium accruing to you. Alternatively you should inform us if you feel the sum insured needs to be increased and any increment will be charged on a pro rata basis.

1. Please tick the box of the method by which you wish to justify your horse's value (You may utilise more than one method – the more information provided, the better):

A. Purchase Price

B. Trainer's Statement

C. Show / competition record

D. Breeding / Progeny

2. Please refer to the relevant sections below which will advise how to substantiate the horse's value.

A. Purchase Price

Purchase Price:

Inclusive of GST? Yes / No

Purchase Date:

Proof of Purchase Available: Yes, as attached

No, other method of JOV attached.

(If the proposed sum insured exceeds purchase price please include relevant information regarding subsequent training and competition record to substantiate such increase.)

B. Trainer's Statement

To be completed by the horse's trainer. Please give details of how long you have known / trained the horse, at what level it is training at / competing at, and, in your professional opinion, what is the current Fair Market Value of the horse. Please use separate sheet attached if required.

C. Show / competition record

Please detail the horse's show / competition record which justifies it's value. Alternatively please attach result print-outs.

DATE	COMPETITION	CLASS	RESULT

D. Proven Progeny if Breeding Stock

Please provide details of actual sale prices of progeny sold. (If unavailable please provide average prices of progeny sold)

PROGENY NAME / SEX	SIRE / DAM	DATE OF BIRTH	DATE OF SALE	SALE PRICE

COVER REQUIRED – OPTIONAL EXTENSIONS

In addition to Horse Mortality and Theft the following would be included in your insurance at no additional premium:

- Advertising Costs (up to AUD 300) in the event of theft
- Loss of irrecoverable entry fees (up to AUD 500) following Mortality Claim
- Post Mortem examination and Autopsy costs up to AUD 200 following Mortality Claim

SECTION 1 – HORSE MORTALITY

The following optional extensions may be available subject to an additional premium. Please indicate which of the below additional coverages, if any, you wish us to provide a quotation on in respect of the above mentioned horse(s).

Please tick box

- 1 Equine Economic Slaughter and Permanent Loss of Use - Option A - (60 / 75%)
or AEIO* Economic Slaughter and Permanent Loss of Use – Option B - (60 / 75%)
- 2 Veterinary Fees – Option A - Limit AUD 5,000 / Excess AUD 500
or Veterinary Fees – Option B - Limit AUD 5,000 / Excess AUD 250
or Veterinary Fees – Option C - Limit AUD 7,500 / Excess AUD 750
- 3 Life Saving Surgical Fees – Limit AUD 10,000 / Excess AUD 200
- 4 Stallion Total Permanent Disability
- 5 Disposal Costs – Up to AUD 300 following Mortality Claim

* AEIO – Accidental External Injury Only. This does not cover losses arising out of illness or disease.

N.B. Limits in respect of items 2 and 3 above are restricted to the limit specified or the Sum Insured of the horse, whichever is the lesser.

SECTION 2 – PERSONAL ACCIDENT (Section 1 must be purchased)

Insured includes you, or any person using the horse with your permission, whilst riding, driving or in control of the insured horse described in the schedule during non-income earning activities.

- Option 1.a Available to those aged 12 – 18 years old. Capital Benefit AUD 25,000
- Option 1.b Available to those aged 18 – 70 years old. Capital Benefit AUD 25,000
- Option 2 Available to those aged 18 – 70 years old. Capital Benefit AUD 40,000
- Option 3 Available to those aged 18 – 70 years old. Capital Benefit AUD 60,000

SECTION 3 – PROPERTY LOSS OR DAMAGE (Section 1 must be purchased)

This section will cover your saddlery and tack and floats from physical loss or damage.

DETAILS OF INSURED ITEMS – (Please use separate sheet attached if required)

(When completing the below details, the DESCRIPTION should be “saddlery and tack”, “rugs” or similar, and state combined value – unless one item exceeds \$2,000 in value then this must be noted individually.

For example:

DESCRIPTION	PROPOSED SUM INSURED	DATE PURCHASED	NEW OR 2 nd HAND (age)
<i>Saddlery & Tack</i>	<i>2,500</i>	<i>All within 2 years</i>	<i>NEW</i>
<i>Kieffer Kur Exclusive dressage saddle</i>	<i>2,800</i>	<i>05/11/10</i>	<i>S/H (2007)</i>

DESCRIPTION	PROPOSED SUM INSURED	DATE PURCHASED	NEW OR 2 nd HAND (age)

SECTION 4 – STAY BEHIND (AUSTRALIA ONLY) (Section 1 must be purchased)

- Option 1.a Limit of Indemnity AUD 5,000 Excluding grooms air/ferry tickets
- Option 1.b Limit of Indemnity AUD 5,000 Including grooms air/ferry tickets
- Option 2.a Limit of Indemnity AUD 10,000 Excluding grooms air/ferry tickets
- Option 2.b Limit of Indemnity AUD 10,000 Including grooms air/ferry tickets

SECTION 5 – PERSONAL LIABILITY (Section 1 must be purchased)

Option available for AUD 10,000,000. Covers any person riding, or has care custody and control of, the horse specified in the schedule in Section 1:

AUD 10,000,000

SECTION 6 – FLOAT LIABILITY (Sections 1 and 3 must be purchased)

Option available for AUD 10,000,000. Covers any person who has care custody and control of the horse float or trailer specified in the schedule in Section 3:

AUD 10,000,000

ADDITIONAL COMMENTS

SCHEDULE OF HORSES

NAME	AGE / D.O.B	SEX	BREED	SIRE	DAM	PURCHASE PRICE	PURCHASE DATE	USE	PROPOSED SUM INSURED