



<p>2. a) For what purpose are the animals kept or employed?  .....  b) Are there any leases or mortgages on any of the animals?  .....  If YES, give details .....</p>
<p>3. Has the horse a registration book or passport ? YES – NO  If yes, please join a copy</p>
<p>4. a) Are the animals sound and healthy? .....  b) Give full particulars of defects or ailments, illness or disease, during last 12 months:  .....  c) Have any animals ever been fired or blistered? .....  if YES, give details: .....  d) Have you X-Rays, if YES, please give details: .....  e) Is the horse vaccinated against -Tetanus (+ date) ? ..... On ..... /...../ .....  - Influenza (+ date) ? ..... On ..... /...../ .....  - Rhinopneumonia (+ dates)? ..... On ..... /...../ ..... +  ..... On ..... /...../ .....  - West Nile Virus (+ date)? ..... On ..... /...../ .....  - Eastern Equine Encephalitis (+ date)? ..... On ..... /...../ .....  - Venezuelan Equine Encephalitis (+ date)? ..... On ..... /...../ .....  f) Is the horse regularly dewormed ?.....  How many times a year ? .....</p>
<p>5. a) Is there any contagious or infectious disease on the premises now? .....  b) Has there been any during the past twelve months? .....  c) Is there any, to your knowledge, in the neighbourhood now? .....  If YES, to a,b, or c, give details: .....</p>
<p>6. a) How long have the animals been in your possession or care? .....  b) Have any of the animals recently been imported into the neighbourhood? .....  If YES, when and from where? .....</p>
<p>7. a) Are the animals now insured or have they been insured previously by you or your agent? .....  If YES, give details, including the names of Insurers: .....  b) Has any Insurer ever declined or refused to renew your Livestock Insurance? .....  If YES give details: .....</p>
<p>8. a) Have you other horses which are not proposed for Insurance hereby? .....  If YES, give details: .....  b) If all such Stock is not proposed for insurance hereby (or already insured) state why:  .....</p>
<p>9. a) How many animals of like category have you lost during the last 2 years, irrespective of class, type or breed? .....  b) State cause and date of death in each case: .....  c) Have you been paid claims on livestock at any time? .....  If YES, state how many, amount(s) and name(s) of Insurer(s) .....</p>
<p>10. a) Name, full address and telephone number of your Veterinary Surgeon: Dr. ....  .....  b) What is his distance from where the animals are normally located? ..... km</p>

**A. BASIC COVER**

All risks of mortality following disease or accident

- Including transits worldwide and even by air
- Including euthanasia for humane reasons
- Including the risk of mortality during surgery under total anaesthetics, if this surgery is necessary to save the horse's live or to avoid a future lameness or disease

Fire, lightning, electrocution, drowning and theft

Hospitalisation for colics

**B. ADDITIONAL COVERS :****1. SURGICAL FEES FOLLOWING ACCIDENTS AND DISEASES :**

A) I wish I do not wish that cover

Reimbursement of maximum 3.500 €/year and per horse  
(Additional Premium : 245 €) (excess 200 €)

B) I wish I do not wish that cover

Reimbursement of maximum 5.000 €/year and per horse  
(Additional Premium : 275 €) (excess 200 €)

C) I wish I do not wish that cover

Reimbursement of maximum 10.000 €/year and per horse  
(Additional Premium : 515 €) (excess 200 €)

**2. INFERTILITY FOR STALLIONS: 1,875 %**

I wish I do not wish that cover

**3. TERRORISM : additional rate 0,3125 % costs and taxes included**

I wish I do not wish that cover

**4. INFERTILITY FOR BROADMARES DUE TO ACCIDENTS ONLY: 0.625 %**

I wish I do not wish that cover

**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 render the insurance null and void.

(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 you Broker.)

I understand that signing of this proposal does not bind me to complete the insurance 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:**