



HORSE LIFE INSURANCE

UNDERWRITTEN BY LLOYD'S OF LONDON

One Lime Street, GB-EC3M 7 HA LONDON

taken out with

Catherine de Buyl Insurance S.A.

146 Bd Léopold III – B 7600 PERUWELZ

Insurance Broker n° CBFA: 10698 A

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Livestock Proposal Form of LLOYD'S OF LONDON One Lime Street, GB - EC3M 7 HA LONDON

LIVESTOCK/BLOODSTOCK Usual cover is against the Risks of Mortality, subject to various conditions, limitations and exclusions. A copy of the WORDING, showing the full extent of the cover may be seen upon application to your Broker.

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.

OWNER'S FULL NAME (Mr/Mrs/Miss/Ms)

Address:

FAX: /

TEL: /

Occupation: E. mail :

SCHEDULE OF ANIMALS PROPOSED FOR INSURANCE

SEX Stallion Gelding Mare	FULL DESCRIPTION: NAME, BREED, COLOUR, MARKS AND BRANDS, AND ON WHICH PART OF THE BODY	AGE (date of birth if under one year)	Cash Price Paid	Date of Purchase	Sum to be Insured
.....	1 - Name: YearsUSDUSD
	Micro chip n°:				
	2 - Name: YearsUSDUSD
	Micro chip n°:				

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

b) Usual rider's name?

c) Are they stabled at night?

d) Will they be kept in enclosed paddock or meadow?

<p>2. a) For what purpose are the animals kept or employed? </p> <p>b) Are there any leases or mortgages on any of the animals? </p> <p>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?</p> <p>b) Give full particulars of defects or ailments, illness or disease, during last 12 months: </p> <p>c) Have any animals ever been fired or blistered?</p> <p>if YES, give details:</p> <p>d) Have you X-Rays, if YES, please give details:</p> <p>e) Is the horse vaccinated against -Tetanus (+ date) ? On /...../</p> <p style="padding-left: 40px;">-Influenza (+ date) ? On /...../</p> <p style="padding-left: 40px;">-Rhinopneumonia (+ dates)? On /...../ +</p> <p style="padding-left: 40px;">-West Nile Virus (+ dates)? On /...../ +</p> <p>f) Is the horse regularly dewormed ?.....</p> <p>How many times a year ?</p>
<p>5. a) Is there any contagious or infectious disease on the premises now?</p> <p>b) Has there been any during the past twelve months?</p> <p>c) Is there any, to your knowledge, in the neighbourhood now?</p> <p>If YES, to a,b, or c, give details:</p>
<p>6. a) How long have the animals been in your possession or care?</p> <p>b) Have any of the animals recently been imported into the neighbourhood?</p> <p>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?</p> <p>If YES, give details, including the names of Insurers:</p> <p>b) Has any Insurer ever declined or refused to renew your Livestock Insurance?</p> <p>If YES give details:</p>
<p>8. a) Have you other horses which are not proposed for Insurance hereby?</p> <p>If YES, give details:</p> <p>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?</p> <p>b) State cause and date of death in each case:</p> <p>c) Have you been paid claims on livestock at any time?</p> <p>If YES, state how many, amount(s) and name(s) of Insurer(s)</p> <p>.....</p>
<p>10. a) Name, full address and telephone number of your Veterinary Surgeon: Dr.</p> <p>.....</p> <p>b) What is his distance from where the animals are normally located?km</p>

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 your 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:

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 USD/year and per horse
(Additional Premium : 300 USD) (excess 250 USD)
- B) I wish I do not wish that cover
Reimbursement of maximum 5.000 USD/year and per horse
(Additional Premium : 350 USD) (excess 250 USD)
- C) I wish I do not wish that cover
Reimbursement of maximum 10.000 USD/year and per horse
(Additional Premium : 650 USD) (excess 250 USD)

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

5. PERSONAL ACCIDENTS FOR NON-PROFESSIONAL RIDERS:

I wish - I do not wish that cover

Additional premium: 240 USD

<u>Amounts covered:</u>	Death by accident:	17.000 USD
	Total permanent disablement:	17.000 USD
	Total temporary disablement:	30 USD/day (excess 14 days)
	Medical costs:	1.700 USD

6. PERSONAL ACCIDENTS FOR PROFESSIONAL RIDERS:

Please submit us

SIGNATURE OF OWNER:

DATE: