

Details of proposer

Full Name Postal Address

Suburb/City State Postcode

Telephone Number Facsimile Number

Email Address

Questions

1. Provide details of the death or loss of any of your horse/s over the past 5 years

Date	Age of Horse	Cause of Death	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Provide details of any claims in respect of other sections proposed under this insurance

3. Has any insurer declined an insurance application or claim from you of cancelled or refused to renew your policy or required special terms to insure you? Yes No

If the answer is yes, provide details

4. Is/are the horse/s proposed for insurance sound and healthy? Yes No

If the answer is no, provide details

5. Have you been charged with, or convicted of, any criminal offences in the past 10 years? Yes No

If yes, please provide full details

6. Is the horse currently insured or previously been insured? Yes No

If the answer is yes, provide details

7. Address where horse/s stabled

Aon Equine Multi-cover insurance

Period of insurance required: From: To:

Please remember that the descriptions below have been prepared for general reference only. Nothing contained herein prevails over the terms, conditions and exclusions of the policy.

Section 1 & 1a – horse insurance (schedule of horses to be insured)

Name	Age	Breed	Colour
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brand mark	Sex	Date purchased	Purchase price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owned or leased (if leased, provide owner's name & address)

The precise use: (ie – Dressage/eventing/showjumping, etc)

Sum insured required:

\$ (Proof of value is required for sums insured exceeding \$10,000.)

Type of cover required: Mortality only Mortality and loss of use

Section 1 & 1a – horse insurance (schedule of horses to be insured) cont....

Name	Age	Breed	Colour
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brand mark	Sex	Date purchased	Purchase price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owned or leased (if leased, provide owner's name and address)

The precise use: (i.e. – Dressage/eventing/showjumping, etc)

Sum insured required:
 \$ (Proof of value is required for sums insured exceeding \$10,000.)

Type of cover required: Mortality only Mortality & loss of use

Section 2 – personal liability

Covers the insured person in respect of claims where they become legally liable to pay damages in respect of (1) third party bodily injury or (2) loss or damage to third party property occurring during the Period of Insurance and arising directly out of the ownership or use of any Horse described in the Schedule.

Sum insured: (please tick limit required) \$5,000,000 \$10,000,000 \$20,000,000

Name	Age of Horse	Breed	Colour
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 – riding equipment

Covering accidental loss of or damage to personal riding gear.

Sum insured required: Total sum insured in excess of \$5,000 must be referred.
 Cover is for a maximum of \$2,000 per item. Please supply details of any item, including value where cover in excess of this amount is required:

Section 4 – horse float

Make	Model	Year of manufacture	Carrying capacity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration number	Date of purchase	Sum insured required	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 5 – personal accident – person(s) to be insured under this section:

Full name	Date of birth	Sum insured required
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	Date of birth	Sum insured required
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	Date of birth	Sum insured required
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

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 the 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 matter; 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 avoiding the contract from its beginning.

I/We the undersigned hereby propose to insure the animals noted on this proposal subject to the terms and conditions of the Policy to be issued and I/we declare that the above statements are true and complete and that I/We have not withheld any material information. I/We have read and understand the notices printed on this application.

Signed Dated