





(c) Has the above horse(s) ever suffered from melanomas, sarcoids, warts or any other type of growth?

If YES give details including current status

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6. Has the horse(s) ever received any of the following treatments?

(a) Neurectomy, nerving, Blistering

(b) Shock wave therapy

(c) Intra-articular medications

(d) Androgenic or anabolic steroids

(e) Non-steroid anti-inflammatory, analgesic or prophylactic medication, or any form of treatment for remedial purposes including farriery

(f) Any drugs other than routine wormers and flu vaccinations

(g) Physiotherapy, Osteopathy, Acupuncture, Homoeopathy, treatment from a chiropractor

If yes to any of the above. Please give details

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7. (a) Is there any current contagious or infectious disease on the premises at which the HORSE(s) is / or will be located?

(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.

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8. (a) How long has the HORSE(s) been in your possession or care?

(b) Has the HORSE(s) recently been imported?

If yes, when and from where?

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9. (a) Is the HORSE(s) currently insured or has it been insured previously by you or your agent?

If yes, please supply expiry date together with name of your agent/broker and the insurer.

(b) Has any insurer ever declined or refused you insurance?

If yes, give details.

10. (a) Have you other HORSE(s) which are not proposed for insurance hereunder?

If yes, give details.

(b) If not proposed for insurance hereunder please state reason why.

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11. State cause and date of death of any HORSES you have lost during the last three years and in each case state whether or not insured?

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12. Have you been paid claims on Equine insurance in the last three years?

If yes, state how many, cause, sum insured, and name(s) of insurer(s).

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13. (a) Name, full address and telephone number of your VETERINARY SURGEON.

(b) What is his distance from where the HORSE(s) is normally located?

(c) What is the distance to the veterinary facilities for major operations from where the HORSE(s) is located?

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14. Has the proposed insured ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson or drugs, or is any prosecution pending them?

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15. Special questions: Breeding Stallions

In respect of the HORSE(s) state

(a) Dates of beginning and ending of service season.

(b) Present stud fee.

(c) Stud fee last season.

(d) Number of own mares served last season.

(e) Number of other mares served last season

(f) On what basis is the stud/service fee charged?

(g) Amount actually earned in last full season.

(h) Amount actually earned in current season to date.

(i) Bookings for remainder of current season

(j) Expected Bookings for next season

(k) Live foal fertility percentage for the last three seasons



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16. SPECIAL QUESTIONS: BROODMARES

- (a) Last service date and name of stallion.
- (b) Stud fee paid and terms.
- (c) Does the mare have any history of abortion, stillbirth or any other foaling problems?  
If yes, give details.

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17. SPECIAL QUESTIONS: RACEHORSES Only

Has any HORSE been entered for or raced in any claiming or selling race during the past twelve months?  
If yes, state which HORSE(s) and please give details.

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18. Competition record during twelve months immediately prior to this proposal:

PLEASE ATTACH PRINTOUT OR COMPLETE THE SECTION BELOW.

Name	Competition	Date	Placings	Total amount won



**DATA PROTECTION ACT 1998**

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and handling of any claims which may arise under it, Underwriters may need to transfer certain information which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

**DECLARATION**

The above named horses are owned by me and, to the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (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 whether a fact is material or not you must disclose it in this space below or on a separate sheet attached).

If separate sheet(s) have been attached, please indicate how many in this box.

This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding to accept this Insurance. Should a contract of insurance be concluded this proposal will form the basis of the insurance.

Subject to acceptance by Underwriters, when would you like the insurance to commence. Date

Signature of proposer:  Date



**SCHEDULE OF HORSES PROPOSED FOR INSURANCE**

Name/Breeding	Use	Age	Sex	Breed	Proposed Sum Insured	If purchased please specify :		
						Date:	Price:	Name of previous owner:

NMA291



