

GOW-GATES INSURANCE BROKERS LIMITED**HORSE COMBINED RENEWAL DECLARATION****INSTRUCTIONS:**

1. Read the *Disclosure of Relevant Facts* and *Important Notice* below.
2. Complete all details required from (pages 2-4) and any additional information as necessary.
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:

ADDITIONAL COMMENTS

SCHEDULE OF HORSES

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