

Instructions

To renew this insurance for a further year, please check the information on the schedule and state any corrections/alterations in the space provided below.

If the horse was unnamed, has it been named now?:

Please print name of insured:

Email Address:

Quote Proposal # shown on Remittance Advice:

To ensure continuation of cover please return this renewal notice together with the items as indicated below PRIOR to the expiry date shown on the invoice. The policy and all cover will automatically lapse at 4pm AEST on the due date. Please contact IRT Insurance to discuss your options if you have been unable to complete & forward appropriate documentation or make payment.

1. Total Premium together with remittance advice
2. Please sign and date this Renewal Notice declaration
3. Veterinary Certificate (if required) *see Offer for Renewal
4. **A)** If a stallion and used for breeding please complete questionnaire **"A – Stallion"**
B) If horse has raced complete questionnaire **"B – Racehorse"**

A – Stallion

B – Racehorse

1. When did he commence Stud duties?	Please give the following race details for previous 12 months
2. What was last season's fertility percentage?	1. Number of races
3. Service Fee last season	2. Number of firsts
4. Service Fee this season	3. Number of seconds
5. Total of service fees earned last season	4. Number of thirds
6. Will he be turned lose with mares at any time ?	5. Prize money won during last 12 months
	6. Prize money won during lifetime

Corrections/Alterations: Any changes to your information may cause us to change our decision to offer renewal of your policy, or the terms on which we offer such renewal. If you do not tell us, we may refuse or reduce your claim and/or cancel your policy as permitted by law.

Declaration

This Declaration must be completed in accordance with your duty of disclosure as provided by the Insurance Contracts Act. I/We declare that:

I/We are the owner(s) of the named horse(s) in the schedule. To the best of my/our knowledge and belief the information provided herein is true & correct in every respect and I/We have not withheld any relevant information. To the best of my/our knowledge the horse(s) is/are sound and healthy, receive(s) proper care and attention, adequate food & water and daily supervision and has/have been free from injury, illness, lameness or other abnormality during the past 12 months and has/have no permanent abnormality or disability, other than as noted above. To the best of my/our knowledge the sum proposed for insurance represents the fair market value thereof. I/We have had no bloodstock insurance claims during the past 12 months, except as noted above, nor withheld any information or know of any other circumstance likely to affect the acceptance of this renewal. I/We undertake to exercise all reasonable precautions for the safety of the horse(s) to be insured. I/We have read and understand the Statutory Notices appearing on the reverse of this document. I/We agree that my original application, this renewal and declaration shall be the basis of the contract insurers' policy subject to the terms, conditions, exclusions and endorsements contained therein. I/We have received a copy of the Statutory Notices for The Insurance Contracts Act 1984 (refer reverse of this document). **Details of any livestock claim or of any injury, lameness or other abnormality which has occurred during the previous 12 months SHOULD BE LISTED IN THE CORRECTIONS/ALTERATIONS BOX ABOVE.**

Signature of applicant(s):

Date:

Statutory Notices

In accordance with the provisions of the Insurance Contracts Act 1984 we provide you with the following information. It is important to read these notices as you will acknowledge having done so when signing this document.

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 matter

- that diminishes the risk 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.

Agent for the Insurer

In effecting any contract of insurance IRT Insurance Pty Ltd will be acting under an authority given to it by Liberty Mutual Insurance Company and it will be effecting the contract as agent of Liberty Mutual Insurance Company and not as your agent.

Insurance (Agents & Brokers) Act 1984 – Notice where an insurer is an unauthorised foreign insurer – Important note for the insurance consumer

The insurance contract is proposed to be placed with Liberty Mutual Insurance Company a foreign insurer that is not authorised under the Insurance Act 1973 to conduct insurance business in Australia. Such insurers are not subject to the provisions of the Act which establishes a system of financial supervision of general insurers in Australia.

It is a matter for your consideration whether you should obtain any further information from the insurance intermediary who intends to arrange the contract of insurance on matters such as:

(a) name & postal address of insurer; (b) country of incorporation of insurer and whether that country has a scheme of financial supervision of insurers; (c) paid up capital of the insurer; (d) country, the laws of which will determine disputes under the contract.

Boston based Liberty Mutual Holding Company Inc., the parent corporation of the Liberty Mutual Insurance group of entities (the "Company" or "LMHC"), is a diversified global insurer and fourth largest property and casualty insurer in the U.S, where a scheme of financial supervision of insurers prevails. The Company also ranks 75th on the Fortune 100 list of largest corporations in the U.S. based on 2016 revenue. LMHC, through its subsidiaries and affiliated companies, offers a wide range of property and casualty insurance products and services to individuals and business alike. Any contract of insurance concluded in terms of this renewal will have access to the Australian Financial Ombudsman & be governed by the laws of the Commonwealth of Australia, whose courts will have jurisdiction in any matter arising there under. The company address is: Liberty Mutual Insurance Company, 55 Water Street, 23rd Floor, New York, NY 10041, USA. Further information can be obtained by visiting their website at: <https://www.libertymutualgroup.com/about-lm/investor-relations/investor-relations-home>

Waiver of Insurer's Rights

You must not enter into any agreement without our written authority whereby any of the rights of the insurer to which it becomes entitled after settling or agreeing to settle a claim are prejudiced or limited in any way otherwise all benefit under the Policy will be forfeited.