

Mr Mrs Ms Miss Name of Applicant:

Postal Address:

Postcode:

Telephone: Mobile:

Email Address:

Insurance required for 12 months from:

Are you registered for GST for the purpose of this insurance? Yes No ABN:

Full name in which GST registration is held:

Questions

Answers

- | | |
|---|-------------|
| 1. If a Temporary Cover Note has been issued to cover the animals listed, state number. | 1. |
| 2. (a) Location of animals | 2. a) |
| (b) For what purpose are the animals used? i.e. Racing, breeding. | b) |
| (c) Are there any Leases or Bills of Sale on any of the animals? If so give details. | c) |
| 3. (a) Are the animals sound and healthy, free from vice and well cared for in every respect? | 3. a) |
| (b) Give full particulars of defects or ailments, illnesses or disease during last 12 months. | b) |
| (c) Has there been any contagious or infectious diseases on the premises where the animals are now situated during the last twelve months? | c) |
| 4. (a) Are the animals now insured, or have they been insured previously? If so, give details. | 4. a) |
| (b) Has any Insurer ever declined, cancelled or refused to renew your Livestock Insurance? If so, give details. | b) |
| 5. (a) How many of your horses have died during the last 2 years, irrespective of class, type or breed? Please state cause and date of death in each case. | 5. a) |
| (b) Have you ever been paid claims on bloodstock at any time? If so, state how many, amount(s) and name(s) of Insurer(s). | b) |
| 6. How long have you owned horses? If this is your first horse state so. | 6. |
| 7. Are there any other Material Facts relating to the Risk to be insured or the applicant which should be disclosed to enable a true assessment of your application to be made before its acceptance? | 7. |

Special Questions

A – Stallions

- When did he commence Stud duties?
- What was last season's fertility percentage?
- Service Fee Last Season This Season
- Total of service fees earned last season:
- Will he be turned loose with mares at any time?

C – Foals Up To 12 Months Of Age

NOTE: the sum to be insured for foals will be limited to 3 times the service fee unless otherwise agreed by the Insurers.

- If any of the Dam's previous three foals have died before 12 months give details:
- Service Fee paid in respect to the foal to be insured:
- If sum insured required for more than 3 times service fee, please give justification:
- ARAB FOALS ONLY:** If there is any history of Combined Immunodeficiency Disease in prodgeny of Sire or Dam give details:

B – Broodmares

- Is the mare in foal? Yes No LDS:
- If so, to what stallion?
- Amount of Service Fee?
- Is she a Maiden Mare? Yes No
- If NO, state last year of foaling.

D – Racehorses

Please give the following race record details for previous 12 months:

- Number of Races
- Number of Firsts
- Number of Seconds
- Number of Thirds
- Prize Money won during last 12 months:
- Prize Money won during lifetime:

Please complete on reverse side & make certain the document is signed.

*If there is insufficient space on this form to make a full answer to any question, please give full answer in space provided for extra details overleaf.

Extra Details

Schedule

Name & pedigree (sire & dam)	Sex	Colour & distinguishing marks & brands	Breed	Date of birth	If purchased, state price paid. If bred state so.	Date of purchase	Sum to be insured*

*Should the Sum to be Insured be greater than the Purchase Price Paid please give detailed justification i.e. Race or Show Record, Stud earnings, etc.

VETERINARY CERTIFICATE REQUIREMENTS: Insurance cover is subject to receipt of a veterinary certificate satisfactory to the Insurers or in certain cases, where agreed to by the Insurers in writing, an Owners' Declaration of Health satisfactory to the Insurers may be accepted.

IRT NOTICE TO PROPOSER: Your insurance contract (POLICY) is arranged or effected wholly or partly with the foreign insurer, Liberty Mutual Insurance Company, who 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 established a system of financial supervision of general insurers in Australia that is monitored by the Australia Prudential Regulation Authority (APRA). As a result Liberty Mutual Insurance Company's financial position may differ from that required by APRA, and that you may not have access to the Financial Claims Compensation Scheme in the event of their insolvency or to the Financial Ombudsman Service or the courts governed by the laws of the Commonwealth of Australia.

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>

DECLARATION: This panel must be completed by the proposer(s). **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)/leasee of the named animal(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 animal/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 insurance.
- I/we undertake to exercise all reasonable precautions for the safety of the animal to be insured.
- I/we have received the Notice (refer above) required under the Insurance Contracts Act, 1984.
- I/we have read and understand the aforementioned Notice to the Proposer
- I/we agree that this application and declaration shall be the basis of the contract insurers' policy subject to the terms, conditions, exclusion and endorsement contained therein.

Signature of proposer(s):

Date: