

# Declaration of Health

This document should be completed by the owner/leasee or person who currently has care/custody/control of the animal, ie trainer or stable manager, and returned to IRT Insurance immediately. *This is an important document which provides information that the insurer will rely upon in deciding whether to insure or renew and on what terms. Please answer each question carefully, if there is insufficient space to provide an answer to any question please attach a separate sheet with full details.*

Name of person completing the form: \_\_\_\_\_

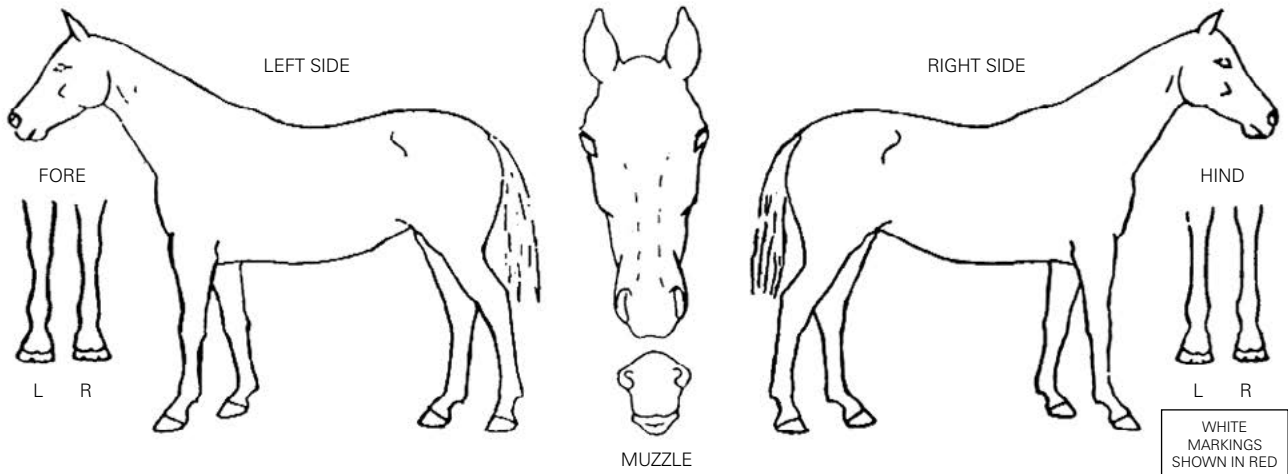
Role of person completing the form:  Owner  Leasee  Other (give details): \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

## Description of Horse

Name or if unnamed (sire & dam):	Colour:	Breed:	Sex:	Date of birth:	Approximate height:



## Markings (Mark whorls as X on diagram above)

Brands: \_\_\_\_\_

Head: \_\_\_\_\_

Body: \_\_\_\_\_

Forelegs: Left Side: \_\_\_\_\_

Right Side: \_\_\_\_\_

Hindlegs: Left Side: \_\_\_\_\_

Right Side: \_\_\_\_\_

Acquired Marks: \_\_\_\_\_

Purpose for which horse is used: \_\_\_\_\_

If mare, is the above named horse in foal?  Yes  No

Has the horse suffered any illness, injury or disease in the last 12 months?  Yes  No

If Yes, has the horse:  Fully recovered  Not fully recovered

Has the horse received any veterinary treatment in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the horse undergone any surgery (other than castration) at any time? <i>(If yes please give full details in the space below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the horse ever suffered an attack of colic or any other gastro-intestinal related illness at any time? <i>(If yes please give full details in the space below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the horse been treated or examined for lameness at any time? <i>(If yes please give full details in the space below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has there been any evidence of contagious/infectious disease during the past 12 months at locations where the horse has been kept? <i>(If yes please give full details in the space below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the horse currently receive any medication? <i>(If yes please give full details in the space below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any other factor affecting the health of the horse which should be disclosed? <i>(If yes please give full details in the space below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered Yes to any of the above questions please give full details and dates of the events:

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## RENEWALS

*This section to be completed in addition to the above when renewing your current insurance policy.*

The horse is currently:  Spelling  In light work  In full work

Has the use of the horse changed, or intends to change during the next 12 months?  Yes  No

*If yes please indicate new use:*

If previously insured as a Stallion or a Colt, has the horse been gelded during the past 12 months?  Yes  No

## IMPORTANT NOTICES

This Declaration becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company has approved your completed application form and declaration of health. The Company's receipt of premium does not automatically bind coverage. The Company reserves the right to decline any application.

### 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.

I hereby declare that the above named horse is in a good state of health, is well housed, has no signs of disease, and to the best of my knowledge has had no injury, illness, lameness or other abnormality during the past 12 months, and has no permanent abnormality or disability other than as stated above and I know of no other circumstances that would affect the Insurer's decision to accept this risk. I have not withheld any material information likely to effect the acceptance of the Declaration.

**Signature:**

**Date:**