

Offer for Renewal and Declaration of Health



To ensure continuation of cover, please return this document **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 are unable to complete and return the documentation or make payment by **the due date**.

Please check all the information on the schedule and provide any corrections or alterations in the spaces provided below.

This document should be completed by the owner / lessee 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 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.**

Proposal #:

Name of person completing the form:

Role of person completing the form: Owner Lessee Trainer Other (give details):

Address:

Contact:

Description of Horse:

Colour:

Breed:

Sex:

Date of birth:

1. Purpose for which the horse is used:

2. Does the horse have faulty conformation that could affect its ability to be used for the purpose described? Yes No

3. 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

4. Has the horse received any veterinary treatment, other than routine maintenance, in the last 12 months? Yes No

5. Has the horse undergone any surgery (other than castration) at any time?
(If yes please give full details in the space on page 2) Yes No

6. Has the horse ever suffered an attack of colic or any other gastro-intestinal related illness at any time?
(If yes please give full details in the space on page 2) Yes No

7. Has the horse been treated or examined for lameness at any time?
(If yes please give full details in the space on page 2) Yes No

8. Has there been any evidence of contagious/infectious disease during the past 12 months at locations where the horse has been kept? (If yes please give full details in the space on page 2) Yes No

9. Does the horse currently receive any medication?
(If yes please give full details in the space on page 2) Yes No

10. Is there any other factor affecting the health of the horse which should be disclosed?
(If yes please give full details in the space on page 2) Yes No

11. If this horse is a mare, is she in foal? Yes No

12. If this horse is a stallion, when did he commence stud duties? Year:

What was last season's fertility percentage? %

Service Fee last season? \$

Service Fee this season?	\$
Total service fees earned last season	\$
Will he be turned loose with mares at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If previously insured as a Stallion or a Colt, has the horse been gelded during the past 12 months?	<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 below:

13. The horse is currently:	<input type="checkbox"/> Spelling	<input type="checkbox"/> In light work	<input type="checkbox"/> In full work
14. Has the use of the horse changed, or intends to change during the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, please indicate new use:</i>			
15. To the best of your knowledge, is this horse normal in eyes, wind, action and does it represent a normal risk for Mortality insurance purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

IMPORTANT NOTICES

This document must be completed in full, signed and dated. Coverage cannot be renewed until the Company has approved the completion of this form and a Veterinary certificate if requested. The Company's receipt of premium does not automatically bind coverage. The Company reserves the right to decline any invitation to Renew

Your Statutory Duty to Us

Before you enter into a contract of insurance, you owe a duty to the Insurer under the Insurance Contracts Act 1984.

Duty to take reasonable care not to make a misrepresentation

If you seek to enter into a contract of insurance for your personal, domestic or household purposes, prior to doing so, **you must take reasonable care not to make a misrepresentation** to the Insurer. This means that you must take reasonable care to ensure that every statement or representation that you make to the Insurer, and every answer that you provide to the questions the Insurer asks of you, are factually correct and complete. The Insurer will rely on the answers and information you give to decide whether it will insure you, and if so, on what terms and for what premium. You owe the same duty to the Insurer before you renew, extend, vary or reinstate a contract of insurance for your personal, domestic or household purposes.

Duty of disclosure

If you seek to enter into a contract of insurance for business or commercial purposes, or to insure an animal that is income-producing or otherwise forms part of a business or commercial interest, prior to doing so, you owe a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to its decision whether to accept the risk of insurance, and if so, on what terms. This involves both answering each question the Insurer asks of you accurately and completely and also disclosing to the Insurer any other matter known to you that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to enter into the contract, and if so, on what terms. You must also ensure that every statement or representation you make to the Insurer is factually correct and complete. The Insurer will rely on the answers, disclosures and the information you give it to decide whether it will insure you and if so, on what terms and for what premium. You owe the same duty to the Insurer before you renew, extend, vary or reinstate a contract of insurance for business or commercial purposes, or to insure an animal that is income-producing or otherwise forms part of a business or commercial interest.

Breach of duty

If you fail to comply with your duty, the Insurer may be entitled to reduce its liability under the contract of insurance in respect of any claim to reflect the prejudice it may have suffered by reason of your breach of duty. In some circumstances this may entitle the Insurer to avoid payment of a claim in its entirety. If you fraudulently breach your duty, the Insurer may avoid the contract from its beginning and therefore treat the contract as though it never existed. It is therefore of vital importance that you carefully consider all information that is provided to the Insurer and ensure that you comply with your appropriate duty.

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

I/We declare that the above-named horse is in a good state of health, is well housed, receives proper care and attention, has adequate food and water and daily supervision, 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. I/We undertake to exercise all reasonable precautions for the safety of the horse, 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 affect the acceptance of the Declaration.

SIGNATURE:

DATE: