

EQUINECOVER INSURANCE APPLICATION

Elkington Bishop Molineaux
Insurance Brokers Pty Ltd
AFS Licence No 246986 ABN 31 009 179 640

Level 9, 333 George Street, Sydney NSW 2000
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Telephone: (02) 9276 6999
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Policy No.	
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THE APPLICANT(S)

Name of Insured	
Tax Status	Registered Business Yes__ No__ ABN_____ Taxable__%
Postal Address	
Telephone No: Email:	Bus:_____ Private:_____ Mobile: _____ _____
Location of Horses	

PERIOD OF INSURANCE: From ____ / ____ / ____ to 4.00pm on ____ / ____ / ____

HORSE MORTALITY, THEFT AND TRANSIT COVER
PERSONAL LIABILITY - LIMIT OF LIABILITY \$10,000,000 included

Name & (Sire/Dam)	Date of Birth	Sex	Colour	Breed	Brand	Use	Sum Insured

NOTE: A Veterinary Certificate is required when the horse is less than 30 days old and greater than 12 years of age.

A Veterinary Certificate is required when the Sum Insured of each horse is \$10,000 or greater.

A Justification of Value is required when the Sum Insured of each horse is \$25,000 or greater.

OPTION 1: SADDLERY, TACK and HARNESS

Nominated Items	Market Value

NOTE: Total Maximum Limit \$10,000 with an Excess of \$200

OPTION 2: HORSE DRAWN CARRIAGES

Make, Model and Year of Carriage	Market Value

OPTION 3: HORSE FLOATS AND HORSE TRUCKS

Questionnaire: All questions must be answered	Vehicle 1	Vehicle 2
Cover Required: 1) Comprehensive 2) Third Party Only or 3) Fire, Theft and Third Party (Select 1,2 or 3)		
Type of Vehicle:		
Year of manufacture:		
Make:		
Model:		
Registration Number:		
Market Value – Proposed Sum Insured (including accessories, tow or bull bars and roof racks):		
Date of Purchase:		
Purchase Price:		
No Claim Bonus % (attach renewal notice or other proof):		
Accessories – Stereo or sound system, car telephone, special paintwork, mural, alarm or other.		
Please advise the name of the vehicles regular driver and date of birth:		
Authorised Carrying Capacity:		

NOTE: If any Motor Accidents, Claims or Traffic Offences in the last five years, please provide details:

QUESTIONNAIRE : All questions must be answered

1. Provide the Name and Address of the Veterinary Surgeon who normally attends to your horses:	
2. Is the animal(s) proposed for insurance sound and healthy, free from vice and well cared for? If NO give details _____	Yes/No
3. Has the animal(s) proposed for insurance suffered any sickness or accident during the past 12 months. If Yes, give details _____ _____ _____	Yes/No
4. Is the proposed Sum Insured the current Market Value of the animal(s)?	Yes/No
5. Is the Horse under supervision? If Yes, please circle (a) Constant (b) Daily (c) Weekly	Yes/No
6. Has an insurer ever declined or refused to insure, voided or cancelled an Insurance Policy issued to you or the partnership or company? If YES, give details _____	Yes/No
7. Have you or the partnership or company made or been paid claims on the same kind of insurance as proposed now, within the last 5 years? If Yes, give details _____ _____ _____	Yes/No
8. Are there any relevant facts which should be disclosed? If Yes, give details _____ _____ _____	Yes/No

DUTY OF DISCLOSURE

Important Information – for more detail you should read the policy wording carefully

Your duty of disclosure: The law requires you to tell us everything you know (or could reasonably be expected to know

in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty

applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you

alter or renew the Policy. Each person named as the Insured has the same duty.

PENALTY FOR NON-DISCLOSURE

If you do not tell us everything necessary, we may:

- Reduce or refuse to pay a claim, or
- Cancel your Policy

If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell us anything which reduces the risk, is common knowledge, we already know or ought to know in the ordinary course of our business, or we indicate we do not want to know.

If you are not sure that something is relevant, it is best to disclose it anyway.

PRIVACY

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance

needs. We only provide your information to the insurance company. We do not trade, rent or sell your information. You can

check the information we hold about you at any time. For more information about our Privacy Policy, ask us for a copy or visit our website www.ebmininsurance.com.au

DECLARATION OF HEALTH AND FACTS

- I/We declare that the horse proposed for this insurance is in good health and is free from any injury, disability, abnormality or illness and have been so for the past twelve (12) months and that I/We have not withheld any information likely to affect acceptance of this proposal.
- I/We also declare that the information provided in this Proposal Form by me/us is correct in every particular.
- I have read and understood the Product Disclosure Statement and Policy Wording.
- I have read and understood EBM's Financial Services Guide (FSG).

Applicant's Signature: _____ Date: ____ / ____ / ____

CONTACT DETAILS

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