



Inglis

*Keep your bloodstock under
the professional care of*

Brooks Inglis Insurance Brokers

8 Carbine Street, Ascot
PO Box 157, Belmont 6984
Western Australia

Phone: (08) 9277 7744

Fax: (08) 9277 5770

e-mail: beryl@inglis.com.au
duran@inglis.com.au
tammy@inglis.com.au

Australian Securities and Investments Commission
(ASIC) Broker Registration No. BR20805
Licence No. 239131

BLOODSTOCK INSURANCE PROPOSAL

Brooks Inglis Insurance Brokers
A Division of William Inglis & Son Limited
ABN 75 000 011 307



Inglis

**Brooks Inglis
Insurance Brokers**

PO Box 157, Belmont 6984

Western Australia

Ph (08) 9277 7744 **Fax** (08) 9277 5770

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.
TEAR OFF THIS PAGE AND KEEP FOR YOUR REFERENCE.**

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 the 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 to be undertaken by the insurer;
- That is of common 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 avoiding the contract from its beginning.

IMPORTANT NOTICES

1. NOTICE MUST BE GIVEN TO BROOKS INGLIS INSURANCE BROKERS

Prior to any elective surgical procedure or non life saving operation and immediately upon the happening of any accident, illness or disease to the insured animal/s.

2. ACCEPTANCE OF THE PROPOSAL

Full mortality cover will not be in force until the completed proposal has been received and the risk accepted by the insurer. The insurer reserves the right to decline any Proposal.

3. CLAIMS

This policy does not provide cover in relation to events that occurred before the contract was entered into.

Privacy Act

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy.



EST. 1867

Brooks Inglis Insurance Brokers

A DIVISION OF WILLIAM INGLIS & SON LTD
PO Box 157, Belmont 6984, Western Australia
Phone (08) 9277 7744 Fax (08) 9277 5770
ABN 75 000 011 307 AFS License No. 239131

INSURANCE COMPANY

PERIOD OF INSURANCE

FROM/...../20..... TO 4:00pm on/...../20.....

PROPOSER

State Surname, Given Name(s) and Company Name as applicable

Proposer/s Name/s

Postal Address

..... Postcode

Phone Fax

Mobile Email

Location of animal/s (if different to postal address)

Has there been any infectious or contagious disease on the property or in the neighbourhood in the last 12 months? NO YES

If yes, details

Are you registered for GST? NO YES ABN:

DESCRIPTION OF ANIMAL/S TO BE INSURED

Name: Sex: Breed:

Sire: Dam: Date of Birth:/...../.....

Colour and Brand: Sum insured \$

Did you purchase the animal privately? If so, purchase price \$ NO YES

Name: Sex: Breed:

Sire: Dam: Date of Birth:/...../.....

Colour and Brand: Sum insured \$

Did you purchase the animal privately? If so, purchase price \$ NO YES

Is any other party financially interested in the animal/s to be insured? NO YES

If yes, give name and type of interest

Do you require the 12 months extension clause? NO YES Additional premium payable \$

QUESTIONNAIRE: All questions must be answered. Tick appropriate box and supply information as requested.

All reasonable enquiries regarding questions 1, 2 & 3 should be made with (but not limited to) the person in charge of the horse and the regular attending veterinarian.

1. Is the animal/s suffering from any ailment or injury? NO YES

If yes, state ailment/s or injury/ies:

2. Has the animal/s been treated for accident or illness in the past 12 months? NO YES

If yes, state the accident or illness:

3. Has the animal/s ever had an attack of colic? NO YES

If yes, state name of veterinarian/date:

4. Name, address and telephone number of usual veterinary surgeon:

5. What is the distance to the nearest equine veterinary or nearest equine surgical facility from the normal location of the animal/s?

6. State the purpose for keeping the animal/s:

7. Is the animal/s syndicated? NO YES

8. Do you own other horses which are not proposed for insurance? NO YES

If yes, give details:

9. Do you own horses which are insured elsewhere? NO YES

If yes, give details:

10. Is the animal a stallion at/for stud? NO YES
 If yes, a) When did/will he commence stud duties?/...../.....
 b) What is his present service fee? \$
 c) What was his service fee last season? \$
 d) How many mares did he service last season?
 e) What was his fertility percentage last season?
 f) Will he be turned loose with mares at any time?
 g) Do you require permanent infertility as a result of accident, illness and/or disease? NO YES
 (additional premium payable)
11. Is the animal a broodmare? NO YES
 If yes, a) Presently in foal to?.....
 b) When is she due to foal?/...../.....
 c) Service fee paid/payable? \$
 d) Free return to stallion? NO YES
 e) How many foals has she had?
 f) How many were aborted/stillborn?
 g) Has she ever had trouble foaling? NO YES
 h) If yes, state the details of the trouble/s

12. Have you ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson or drugs, or is there any prosecution pending against you? NO YES
 If yes, give details:.....
13. Has any company/insurer declined a proposal from you or cancelled or refused to renew your policy or required special terms to insure you? NO YES
 If yes, state when, name of insurer and details of action taken by insurer:
14. Have you sustained a loss of a horse/s, whether insured or not, in the past three years? NO YES
 If yes:
- | If insured, name of insurer | Date of loss | Amount (if insured) | Animal identification | Cause of loss |
|-----------------------------|--------------|---------------------|-----------------------|---------------|
| | | | | |
15. Are there any other circumstances not already disclosed likely to affect the proposed insurance? NO YES
 If yes, give details:

QBE INSURANCE NOTICE TO PROPOSER

QBE INSURANCE (EUROPE) LIMITED is classified as a direct offshore foreign insurer, 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.

QBE INSURANCE (EUROPE) LIMITED, Company No 1761561, is incorporated in the United Kingdom, where a scheme of financial supervision of insurers prevails. The company's address is Plantation Place, 30 Fenchurch Street, London EC3M 38D and its authorised share capital is 638 million pounds sterling of which 511.9 million pounds sterling is called up, allotted and fully paid. A contract of insurance concluded in terms of this proposal shall be governed by the laws of the Commonwealth of Australia, whose courts will have jurisdiction in any matter arising under there. It is a matter for your consideration whether you should obtain further information from Brooks Inglis Insurance Brokers (intermediary) about QBE Insurance Europe Limited.

DECLARATION: This panel must be completed by proposer/s

I/We declare that –

1. To the best of my/our knowledge and belief the information provided herein is true and correct in every respect and I/we have not withheld any relevant information.
2. To the best of my/our knowledge the animal/s is sound and healthy and the sum proposed for insurance represents the fair market value thereof.
3. I/we undertake to exercise all reasonable precautions for the safety of the animal/s to be insured.
4. I/we agree to accept the insurance subject to the terms, exclusions, conditions and limitations of the policy.
5. I/we have received the Duty of Disclosure Notice as required under the Insurance Contracts Act, 1984.

Signature/s of the Proposer/s Date/...../.....