

## DECLARATION OF HEALTH: Mortality Insurance – Bloodstock / Equestrian

(TO BE SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE)

Please print, fill out, scan and send this form back to: [georgia.lovelady@marsh.com](mailto:georgia.lovelady@marsh.com)

### Marsh

26 Dick Street  
PO Box 547  
Cambridge, 3434  
New Zealand  
Tel +64 (0)7 827 7071  
Fax +64 (0)7 827 7072  
[georgia.lovelady@marsh.com](mailto:georgia.lovelady@marsh.com)

Owners			
Policy Number			
Policy Period From		To	

Please read this form carefully. If you are in doubt, submit a current veterinary certificate.  
Complete the first section and circle 'Yes' or 'No' to the questions, giving full details where necessary.

Items to be Insured					
Name:	Sire/Dam:	D.O.B.:	Sex:	Use:	Sum Insured (inclusive of GST):
					\$
					\$
					\$
					\$
					\$
					\$
1.	Are the above horse(s) at present <u>normal</u> in eye, wind and action to the best of your knowledge? If <b>NO</b> give details:				Yes <input type="checkbox"/> No <input type="checkbox"/>
2..	Have any of the above horse(s) suffered from colic or any other related illness at any time to the best of your knowledge? If <b>YES</b> give details:  If <b>YES</b> have the animals made a complete recovery?				Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have any of the above horse(s) suffered from any illness, injury, disease or undergone any surgery at any time to the best of your knowledge? Do they have any blemishes? If <b>YES</b> give details:  If <b>YES</b> have the animals made a complete recovery?				Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Has there been any evidence of contagious or infectious disease during the past twelve months at the location(s) where the animal(s) are kept? If <b>YES</b> give details:				Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Have any of the above horse(s) been fired, blistered, nerved or received treatment for lameness (other than sore shins) at any time to the best of your knowledge or do any of the animal(s) have faulty conformation? If <b>YES</b> give details:  If <b>YES</b> have the animals made a complete recovery?				Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Purchase price of above horse(s) If homebred, please advise if stud fee was paid and amount?	\$	Date Purchased:		
7.	If any of the above are mares, are any currently pregnant?  If <b>YES</b> , what was the last date of mating? And the expected date of birth:				Yes <input type="checkbox"/> No <input type="checkbox"/>

**The Declaration on page 2 must be signed and dated to be acceptable.  
Please read the important information over the page.**

## INSURED'S DUTY OF DISCLOSURE

The duty of disclosure is an important legal requirement that applies to insurance.

When you apply for insurance you have a legal duty of disclosure. Before we can consider providing cover, you must disclose to us everything known to you which is relevant to:

- our decision to insure your animal/s;
- the terms on which we insure you.

The duty applies to each Insured.

The duty also applies when you seek to enter into, renew, change or reinstate a policy.

Examples of information you may need to disclose include:

- any change in the animals **use** or **activities**;
- any change in the animal's health or injuries suffered;
- any criminal offence;
- any cancellation, refusal to renew insurance, or imposing of special terms by another insurance company;
- any insurance claims you have made in the past.

What happens if you fail in your Duty? If you don't make this disclosure Insurers may:

- refuse or reduce a claim;
- cancel the Cover;
- in some cases, treat the Cover as having never operated.

If you are in doubt it is better to give us the information rather than take the risk of failing in your duty of disclosure.

**DUE DILIGENCE** is expected of the Insured. They must act with care, and as if uninsured at all times.

### VETERINARY CERTIFICATES

Veterinary Surgeon's Certificate of Health on the NZVA recommended Certificate format is required for:-

1. HORSES – All Horses:
  - Valued over \$57,500 or 17 years of age and over.
  - Insured with our Superior Cover. This must be a 5 stage veterinary certificate including x-rays.
2. FOALS – All Foals up to 30 days old. Foals from 24 hours old also require an IgG test to be done.

NB – Veterinary Certificates are not required on animals purchased at auction that are insured from fall of hammer

### YOUR ONUS OF PROOF

The onus of proof that the insured animal was fit and in good health at the time that the insurance cover commenced lies with you (the Insured) under the terms of this insurance.

### CLAIMS – 24 HOUR SERVICE

In the event of death or any life threatening lameness, illness, accident, disease, you or your Representative or any person who has care, custody or control of your animal/s should give immediate notice to:

Marsh  
PO Box 547,  
Cambridge,  
New Zealand

Telephone: 0-7-827 7071  
Email: [georgia.lovelady@marsh.com](mailto:georgia.lovelady@marsh.com)  
Mobile: 021-241-4772  
Fax: 0-7-827 7072

### POST MORTEM

In the event of the death of an animal, it is a Policy requirement that a Post Mortem/Autopsy be immediately carried out at the Insured's expense. To assist with identification, registration number, colour etc. should be noted.

**OPERATIONS - Any surgical procedure must be carried out by a registered Veterinary Surgeon.**

**(a) Castration, Bone Chip etc.**

All operations must be notified at least 24 hours prior to the operation being performed.

**(b) Life Saving Operations**

Must be performed as quickly as possible and notification given immediately. A second veterinary opinion should be obtained.

### BINDING AUTHORITY STATEMENT

Marsh are acting in an underwriting capacity on behalf of Certain Underwriters at Lloyds who, under an Underwriting Agency Agreement, have given Marsh authority to act on their behalf in respect of this insurance.

## DECLARATION

I/We have read and understood the Duty of Disclosure as set out in this form and I/We hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which would materially affect this insurance has been withheld.

SIGNED: .....  
(OWNER / TRAINER / MANAGER / STUD MASTER)

DATE: .....

**NB: THE INFORMATION GIVEN IN THIS DECLARATION FORMS THE BASIS OF THE INSURANCE CONTRACT AND INCORRECT ANSWERS COULD INVALIDATE THE POLICY.**