

**REQUEST A QUOTE:**  
**Bloodstock / Equestrian**

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)

YOUR CONTACT DETAILS			
The applicant(s) (Full Name of Owner / or Owners):			
Address:			
Town/City:		Postcode:	
Email address		Ph No.:	( )
		Cell Ph No:	

HORSE DETAILS	
Animal name	
Sire (optional)	
Dam (optional)	
Colour	
Sex	Mare <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion <input type="checkbox"/> Colt <input type="checkbox"/>
Year of birth	
Use	
Breed (optional)	
Sum Insured including GST	

HORSE DETAILS	
Animal name	
Sire (optional)	
Dam (optional)	
Colour	
Sex	Mare <input type="checkbox"/> Filly <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion <input type="checkbox"/> Colt <input type="checkbox"/>
Year of birth	
Use	
Breed (optional)	
Sum Insured including GST	

From 1 October 2016 all sum insured's limits, excesses and premiums include GST. This will be shown on your invoice and policy schedule. Please ensure the sum insured reflects the GST inclusive amount. If you are GST registered for your horses, please advise Marsh of your GST registration number and update the name of the insured if required.

I would like to receive emails from Marsh regarding insurance products and promotional offers. Contact details held by Marsh will not be passed onto any third parties.

**DECLARATION**

All information given in the support of the proposal, whether oral or written is true and correct. I/we have disclosed to the underwriters all material facts required by law. If accepted, this quotation shall be the basis of the contract and incorporated into the Insurance Certificate. Underwriters reserve the right to place exclusions/warranties on any insurance issues on this application. Note: Any insurance certificate issued on this application will not cover any pre-existing conditions of the animal(s) to the insured.

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

DATE:.....