



MAGIC MILLIONS INSURANCE BROKERS PTY LIMITED

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ALL RISKS OF MORTALITY INSURANCE - DECLARATION OF HEALTH FOR BROODMARES

TO BE COMPLETED BY THE OWNER OR PERSON RESPONSIBLE FOR THE HORSE

Inception Date of Insurance: ___ / ___ / 20___

Name of Horse: _____ Sex: _____ Colour: _____

Sire: _____ Dam: _____

Year of Birth: _____ Use: _____

Owner: _____ Current Location: _____

Please answer the questions to the best of your knowledge and ability. Tick the appropriate boxes.

IF THE ANSWER TO ANY OF QUESTIONS 2 - 7 IS "YES" OR QUESTION 8 IS "NO" FULL DETAILS MUST BE GIVEN OVERLEAF

- 1) How long has the horse been at its current location? _____Months _____Years
Please list previous locations at which horse has been adjusted during current ownership

- 2) During the last 36 months or in the current ownership has the horse to your knowledge suffered from any form of colic or other intestinal/digestive disorder, illness or disease or undergone any abdominal surgery? Is there any external evidence of previous abdominal surgery? *If YES please give full details overleaf.* YES NO
- 3) Is there any evidence or history of a pelvic fracture? *If YES please give full details overleaf.* YES NO
- 4) During the last 36 months, has the above horse suffered from, or received veterinary or remedial farriery treatment for lameness, or is there any external evidence that the mare has suffered from laminitis? To the best of your knowledge, has she ever been de-nerved or suffered a tendon/ligament injury or fracture, other than as already declared in 3) above? *If YES, please give full details overleaf.* YES NO
- 5) During the last 36 months, has there been any evidence of contagious or infectious disease in the location where the horse is kept? *If YES, please give full details overleaf.* YES NO
- 6) During the last 36 months has the above horse received attention from any Veterinary Surgeon or Veterinary Paraprofessional for any reason other than routine reproductive management, vaccination or obstetric work? Has she received steroidal, non-steroidal, anti-inflammatory or analgesic medication? Has she had any pregnancy, foaling or post foaling problems? *If YES please give full details overleaf.* YES NO
- 7) Has the horse ever suffered from melanomas, sarcoids, warts or any other type of growth? *If YES please give full details overleaf.* YES NO
- 8) To the best of your knowledge is the horse in good health and normal in conformation, eyes, heart, wind and action? Does she in your opinion represent a normal risk for mortality insurance purposes for the use described above? *If NO please give full details overleaf.* YES NO

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which could materially affect the insurance has been knowingly withheld.

Signed: _____ Owner / Stud Manager / Other - please specify below

Name: _____
(please PRINT)

Date: ___ / ___ / 20___ Telephone No: _____

IMPORTANT- THE INFORMATION IN THIS DECLARATION FORMS THE BASIS OF THE CONTRACT OF INSURANCE AND INCORRECT ANSWERS MAY INVALIDATE THE POLICY

If you have ticked any of the boxes in QUESTIONS 2 - 7 “YES” or QUESTION 8 “NO” please complete details below. Please forward copies of any relevant veterinary reports. Include any additional information.

Questions 2 - 8 Further Details:			
Date of problem	Type of Problem	Treatment Details	Recovery Status

Additional Information

Signed:

Date: __ / __ / 20....