



**MAGIC MILLIONS INSURANCE BROKERS PTY LIMITED**

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**ALL RISKS OF MORTALITY INSURANCE - DECLARATION OF HEALTH FOR RACEHORSES**

**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 24 months 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) During the last 12 months has the horse to your knowledge suffered from any accident, lameness, fracture, tendon or ligament injury or undergone surgery (including castration) other than as declared in 2) above? *If YES please give full details overleaf.* YES  NO
- 4) Has the horse to your knowledge been Fired, De-Nerved or received Shockwave Therapy treatment? Is it currently receiving any treatment for remedial or rehabilitation purposes including farriery? *If YES please give full details overleaf.* YES  NO
- 5) During the last 12 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 12 months has the above horse received attention from any Veterinary Surgeon or Veterinary Paraprofessional for any reason other than as declared above or for routine vaccinations? Has it received steroidal, non-steroidal, anti-inflammatory or analgesic medication? *If YES please give full details overleaf.* YES  NO
- 7) Has the above 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 above horse in good health and normal in conformation, eyes, heart, wind and action? Does it 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

<b>Additional Information</b>

Signed: .....

Date: \_\_ / \_\_ / 20....