



BLOODSTOCK INSURANCE PROPOSAL

(To be signed by the proposer(s))

Please read the following information carefully.

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 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 insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge
- that the insurer knows or, in the ordinary course of business as an insurer, 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 its liability under a 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.

MARKET VALUE

The insurance policy for which you are making application is a market value policy, meaning that in the event of the death of your animal (s) you will receive the market value of your animal(s) at the time of its death or the sum insured, whichever is the lesser.

PRIVACY

Privacy Legislation regulates the way organisations manage your personal information. Magic Millions Insurance Brokers Pty Limited has developed a Privacy Policy that explains what sort of personal information we hold about you and what we do with that information. Please contact us to obtain a copy of our privacy policy.

Details of Proposer

NAME OF PROPOSER:	<input type="text"/>		
ADDRESS OF PROPOSER:	<input type="text"/>		
	<input type="text"/>		
PHONE NUMBER:	<input type="text"/>	FAX NUMBER:	<input type="text"/>
MOBILE NUMBER:	<input type="text"/>	EMAIL:	<input type="text"/>
ARE YOU REGISTERED FOR GST?:	<input type="text"/>	ABN:	<input type="text"/>
PERIOD OF INSURANCE FROM:	<input type="text"/>	TO:	<input type="text"/>

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Description of animal(s) to be insured

NAME:	<input type="text"/>	SEX:	<input type="text"/>	BREED:	<input type="text"/>
SIRE:	<input type="text"/>	DAM:	<input type="text"/>	D.O.B.:	<input type="text"/>
COLOUR & BRAND:	<input type="text"/>	SUM INSURED:	<input type="text"/>		

NAME:	<input type="text"/>	SEX:	<input type="text"/>	BREED:	<input type="text"/>
SIRE:	<input type="text"/>	DAM:	<input type="text"/>	D.O.B.:	<input type="text"/>
COLOUR & BRAND:	<input type="text"/>	SUM INSURED:	<input type="text"/>		

NAME:	<input type="text"/>	SEX:	<input type="text"/>	BREED:	<input type="text"/>
SIRE:	<input type="text"/>	DAM:	<input type="text"/>	D.O.B.:	<input type="text"/>
COLOUR & BRAND:	<input type="text"/>	SUM INSURED:	<input type="text"/>		

If more than 3 animals are to be insured, please provide an updated schedule of animals including the above information.

HAS ANY OTHER PERSON OR COMPANY ANY FINANCIAL INTEREST IN THIS ANIMAL TO BE INSURED. YES/NO *If yes, please give their names and address and state their interest.*

NAME:	<input type="text"/>	NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>	ADDRESS:	<input type="text"/>
INTEREST:	<input type="text"/>	INTEREST:	<input type="text"/>

Questionnaire

Please answer the following questions in respect to all animal (s) for which insurance is required. All questions must be answered and if there is insufficient space on the proposal form, please provide attaching documentation.

1. Is the animal (s) suffering from any injury or illness?

If so, give details:

2. Has the animal (s) been treated for accident or illness during the past 12 months?

If so, give details:

3. Has the animal (s) been treated for colic and/or any gastro intestinal disorders over the past 2 years?

If so, give details:

4. Does the animal (s) suffer from any physical defect or disability?

If so, give details:

5. Name and Address of regular Veterinarian

NAME:

ADDRESS:

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Questionnaire (continued)

6. Name and Distance of the nearest Equine Veterinary Clinic from your property where animal (s) are normally kept?

7. Name, address and contact details of where the animal (s) is currently agisted or training facility.

8. Is the animal (s) a stallion standing at stud? YES / NO

If yes, please provide the following information:

a) When were stud duties commenced?

b) What is the present service fee?

c) What was the service fee last season?

d) How many mares were served last season?

e) What was the fertility percentage last season?

9. Is the animal (s) a broodmare? YES / NO

If yes, please provide the following information:

a) Presently in foal to?

b) When is she due to foal?

c) Service Fee paid or payable?

d) Free return to stallion?

e) How many foals has she had?

f) How many were aborted / stillborn?

10. Has any Insurer ever declined your proposal, or cancelled or refused to renew your policy or required special terms to be imposed to insure you? YES / NO

If yes, please provide details?

11. Have you suffered any bloodstock claims or ever sustained a loss of an animal, whether insured or not, in the past 5 years? YES / NO

If yes, please provide details?

12. Is there any other information or circumstances which you are aware that may affect the proposed insurance? YES / NO

If yes, please provide details?

Declaration & Authorisation

I/We the undersigned authorised Applicant (s) declare as follows:

1. To the best of my/our knowledge confirm that 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 is sound, healthy and the proposed sum insured represents the true value.
3. I/We agree to accept the insurance subject at all times to the terms, conditions and exclusions of the policy.
4. I/We have read and understand the notices printed on the front page of this Proposal Form.

SIGNED

PROPOSER

DATED



CLAIMS NOTIFICATIONS/PROCEDURES

1. In the event of any illness, disease, lameness, injury, accident or physical disability:

- Immediately appoint a veterinarian to treat the animal;
- **Immediately notify Magic Millions Insurance;**
- Immediately notify the owner of the animal

2. Prior to any non-life saving surgery, **immediately notify Magic Millions Insurance.**

Note: Insurance Policies specifically exclude the following:

death caused directly or indirectly by the administration of any medication (including any drug, hormone, vitamin, protein or other substance other than unadulterated food and drink) unless by a qualified veterinary surgeon (or experienced personnel directed by him or her) and certified by the veterinary surgeon to have been of a prophylactic nature or necessitated by accident, disease or illness;

death caused directly or indirectly by any surgical operation, unless conducted by a qualified veterinary surgeon and certified by him or her to have been necessitated solely by accident, disease or illness and to have been carried out in an attempt to preserve the animal's life.

3. Insurance Policies specifically exclude intentional slaughter unless:

- Underwriters agree to the destruction of the animal;
- Where an animal suffers an injury or is afflicted with an excessively painful disease, a qualified veterinary surgeon appointed by the Underwriters shall first have given a certificate that the suffering of that animal is incurable and so excessive that immediate destruction is imperative for humane reasons; or
- Where an animal suffers an injury and a qualified veterinary surgeon appointed by the Insured shall first have given a certificate that the suffering of the animal is incurable and so excessive that immediate destruction is imperative for humane reasons without waiting for the appointment of a veterinary surgeon by the Underwriters,

And provided that in all such cases Underwriters have been given the opportunity of having a veterinary surgeon appointed by them to carry out a post-mortem and autopsy examination should they so desire.

4. In the case of the death of an animal, a post mortem and autopsy examination must be carried out at the Insured's expense.

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