



DECLARATION OF HEALTH

(To be signed by the owner or person responsible for the horse)

NAME:	<input type="text"/>	SEX:	<input type="text"/>
SIRE:	<input type="text"/>	DAM:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	USE:	<input type="text"/>
SUM INSURED:	<input type="text"/>	PURCHASE PRICE:/ OR JUSTIFICATION OF VALUE	<input type="text"/>
OWNER:	<input type="text"/>	POLICY NO:	<input type="text"/>
TRAINER AND LOCATION OF ANIMAL:	<input type="text"/>		
NAME OF VETERINARIAN:	<input type="text"/>		

1. Has the above animal/s suffered from colic or any other colic related illness? YES / NO

If yes, please give details/dates

2. Has the above animal/s suffered from any other illness or disease or undergone any surgery? YES / NO

If yes, please give details/dates

3. Has there been any evidence of contagious or infectious disease at the stable/stud farm where the animal is kept? YES / NO

If yes, please give details/dates

4. Has the animal/s been fired, blistered, nerved, operated on, suffered tendon problems or received treatment for Lameness at any time, or does the animal have faulty conformation? YES / NO

If yes, please give details/dates

Has the animal made a complete recovery? YES / NO

5. Is the above animal/s normal in eye wind and action to the best of your knowledge? YES / NO

If no, please give details/dates

6. Has the proposed insured ever experienced any losses/claims and/or thefts insured or not insured? YES / NO

If yes, please give details/dates

7. Has the proposed insured ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson or drugs, or is any prosecution pending against them? YES / NO

If yes, please give details/dates

8. How long has this animal been in your care/possession?

YEARS MONTHS

I/We the undersigned hereby propose to insure the horse (s) noted on this proposal subject to the terms and conditions of the Policy to be issued and I/We declare that the above statements are true and complete and that I/We have not withheld any material information. I/We have read and understood the information printed on this form.

SIGNED

OWNER/AGENT/TRAINER

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.

Magic Millions Insurance Brokers Pty Limited
P O Box 5246, Gold Coast Mail Centre
Queensland 9726
Phone: 0755 388933 or 1300 MILLIONS
Fax: 0755 317082
Sinéad Flannery Mobile: 0416 243 696
Cathy Grassick Mobile: 0417 612 222