ONE

EQUINE PROPOSAL

CLIENT DETAILS

Name		ID Number	
Physical Address			
Email Address		Cell Number	

Have you had any claims/losses in the past two years?		YES		NO	
If Yes, please give details					

DETAILS OF HORSE TO BE INSURED

Name		Breed	
DOB		Sex	
Colour		Purchase price	R
Value for Insurance	R	Microchip No.	
Passport No.			
Discipline			
Address where horse is stabled			

Is the horse registered?	YES		NO		Org and No.	
Is the horse stabled with a professional trainer?					YES	NO
Name of person responsible for your horse/trainer						
Cell Number:						

Cover	YES		NO		Comments
Mortality Cover	YES		NO		
Loss of Use	YES		NO		
Emergency Veterinary (* The Amount needed cannot be more than double the value of the horse. Maximum limit of R100 000	R				
Personal Accident - R10 000	YES		NO		
Personal Accident - R50 000	YES		NO		
Public Liability - R1 000 000	YES		NO		
Claims Preparation - R10 000	YES		NO		
Claims Preparation - R20 000	YES		NO		

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OMART INSURE
OLD MUTUAL ALTERNATIVE RISK TRANSFER INSURE LIMITED

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VETERINARY PRACTISE DETAILS

Name of Veterinary Practise			
Vets Name			
Tel Number (W):		Cell Number:	

Please Note:
- Loss of Use needs to be taken in conjunction with Mortality cover and only cover Loss for ONE dicipline that needs to be specified up front.
- Vet Certificates required for values R100 000 and up or as required
- Loss of Use requires a Vet Certificate in all cases regardless of value, the Vet Certificate must state whether the horse is a good risk for that particular dicipline.

INCEPTION DATE: _____

DECLARATION OF HEALTH

If you answer YES to any health related questions, please provide further details on a separate sheet of paper.

Has the proposed animal described suffered any accident, sickness (incl Biliary), disease, lameness, colic, sprained tendons, been fired or denerved, operated on for wind or respiratory defects or been on any course of medication or received any veterinary attention?	YES		NO	
Has the proposed animal described suffered any fractures, tendon/ligament injuries, ringbone or chronic lameness within the last 12 months?	YES		NO	
Has the proposed animal been treated for melanomas, sarcoids or growths of any kind for the last 12 months.	YES		NO	
Has the proposed animal suffered any accident?	YES		NO	
Has the proposed animal undergone colic surgery?	YES		NO	
Is the proposed animal seen by a dentist regularly?	YES		NO	
Does the proposed animal suffer from faulty conformation or any other congenital defects?	YES		NO	
Has the proposed animal ever failed a veterinary examination?	YES		NO	
Has the proposed animal been vaccinated against Horse Sickness, Influenza and Tetanus?	YES		NO	
Is the proposed animal described herein, clinically healthy and in good condition?	YES		NO	
Are you currently Insured?	YES		NO	
If yes, which Insurer?				
Has any Insurer ever declined a proposal, refused renewal, required special premiums or imposed special exclusions or terms?	YES		NO	

I, _____, in my capacity as _____, hereby declare that the horse described above is in good health and condition and to the best of my knowledge and belief has not suffered any illness, injury, disease or any other condition during the past 12 months as stated above.

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IMPORTANT

- All Material facts must be disclosed and failure to do so may nullify any policy in the event of a claim.
- Horses valued at R100 000 and over require a Veterinary Certificate of Health at inception.
- You may be asked to provide a Veterinary Certificate of Health, should you have answered YES to any of the health related questions above.
- Horses of the age of 20 years require a Veterinary Certificate of Health every year.
- All prior to inception conditions and consequences thereof are specifically excluded

DECLARATION

I hereby request that the Insurers provide Insurance cover in terms of this Mortality cover and its extensions. I hereby declare that the above answers are true and correct, that I have withheld no information that might influence the decision of Insurers regarding the Proposal and I undertake to exercise all ordinary and reasonable precautions for the safety and well-being of the Insured Animal.

I agree that this proposal and declaration shall be held promissory and shall form the basis of the contract between myself and the Insurers and that if anything is untruly stated, or any information calculated to influence the decision of the Insurers withheld, any contract of agreement made or entered into in pursuance of the proposal shall be void.

Signed at: _____ Date: _____

Full Name: _____

_____
Signature

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