



[Agriculture Lines]

DECLARATION OF HEALTH

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PART 1 GENERAL INFORMATION

Broker:	Broker Phone:		
Broker Contact:	Email:		
Insured name:			
Mailing Address:	Province:	Postal Code:	
Telephone No.:	Email:		
YEAR OF BIRTH:	BREED:	SEX:	USE:

PART 2 DUTY OF EXPOSURE

You must take care when answering questions, we ask by ensuring that all information provided is accurate and complete. You have a duty to disclose to us all material facts that we may rely on when setting the terms of the policy or accepting coverage.

IF YOU DO NOT DISCLOSE INFORMATION:

If we establish that you have failed to comply with this duty of disclosure or provided us with incorrect or incomplete information that we have relied upon when accepting this coverage, we may refuse to pay your claim or reduce the amount payable to you. If the non-disclosure is fraudulent then we may treat your policy as if it never existed and decline all claims.

PART 3 DECLARATION INFORMATION

- 1) The above animal at present is normal in the eyes, wind, conformation and action represents a normal risk for mortality insurance purposes: Yes No

If No, please provide full details:

- 2) Has the above animal suffered from and/ or undergone surgery for colic and or any other gastro and or intestinal problems at any time? Yes No

- 3) Has the above animal suffered from any other injury, illness or disease or undergone any surgery at any time? Yes No

- 4) Has the above animal suffered from any tendon or ligament injury at any time? Yes No

- 5) Has the above animal been fired, blistered, de-nerved, received joint injections, undergone remedial farrier or special shoeing, or been operated on or received treatment for any lameness at any time? Yes No

6) Has the animal suffered from melanomas, sarcoid, warts, or any other type of growth at any time? Yes No

7) Has there been any evidence of contagious or infectious disease at the stable/ farm where the horses are kept during the past 12 months? Yes No

8) Has the above animal been examined by a veterinarian other than for normal routine procedures at any time? Yes No

9) Has the horse received non-steroidal, anti-inflammatory or analgesic medication at any time in the last 12 months? Yes No

10) If male, are both testicles evident and palpate normally? Yes No

11) If mare, is she in foal? Yes No

12) If Yes, give name of covering stallion and last service date: Yes No

13) If broodmare, is she shod? If the answer is Yes, please provide reasons why? Yes No

14) Name and address of person who has care, custody and control: Yes No

Name:

Address:

If you answered 'Yes' to questions 2 – 9 above, please provide full details and indicate whether the animal is fully recovered (continue on a separate page if necessary)

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____

