



DECLARATION OF HEALTH FOR INSURANCE PURPOSES (Including Claims History)

Insured Name:	Location (State) of Horse:
Address of Insured:	Stud Farm Location:

YOUR DUTY OF DISCLOSURE:

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

IF YOU DO NOT TELL US SOMETHING:

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

Name of Horse	DOB	Sex	Sire	Dam	Sum Insured	Use

1. The horses at present are normal in eyes, wind, confirmation and action and represent a normal risk for mortality insurance purposes? If no, please provide full details (continue on a separate page if necessary) Yes [] No []
2. Have the horses suffered from and/or undergone surgery for colic and or any other gastro and or intestinal problems at any time? Yes [] No []
3. Have the horses suffered from any other accident, illness or disease or undergone any surgery at any time? If yes, give full details in the space below. Yes [] No []
4. Have the horses suffered from any tendon or ligament injury at any time? Yes [] No []
5. Have the horses been fired, blistered, denerved, received joint injections, undergone remedial farriery or special shoeing, or been operated on or received treatment for any lameness at any time? Yes [] No []
6. Have the horses suffered at any time from melanomas, sarcoids, warts or any other growth at any time? Yes [] No []
7. Has there been any evidence or contagious or infectious disease during the last 12 months at the locations where the horses have been kept? Yes [] No []
8. Have the horses been examined by a veterinarian other than for normal routine procedures at any time? Yes [] No []
9. Has the horse received steroidal, non-steroidal, anti-inflammatory or analgesic medication any time in the last 12 months: Yes [] No []
10. If male, are both testicles evident and palpate normally? Yes [] No []
11. For broodmares, are they shod? If the answer is yes, please provide reasons why Yes [] No []
12. For broodmares, are they currently in foal and if so, advise name of covering stallion and last service date Yes [] No []

13. Name and address of person who has care, custody and control of horses:

Name : _____

Address : _____

Confirmation of 3 year loss record (insured or uninsured)

Details of Horse	Cause Of Loss	Date Of Loss	Underwriter	Amount Paid



If the answer is YES to questions 2-8 on page 1, please provide full details on the attached table and indicate whether the animal has fully recovered
PLEASE INCLUDE COPIES OF ALL RELEVANT VETERINARY REPORTS

Date Of Problem	Type Of Problem	Treatment Details	Recovery Status

Additional Information

Signature: _____
(Owner / Veterinary Surgeon / Person Responsible for Horse)

Print Name : _____

Dated _____

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