

BLOODSTOCK INSURANCE (ALL RISKS OF MORTALITY)
Declaration of Health

Please return to:
Freepost 113 610
Quadrant Insurance Group
P O Box 5160
Springlands, Blenheim 7241
Free Phone 0800 378 467
Free facsimile 0800 256 637
www.qig.co.nz

CLIENTS NAME: _____

Certificate No:

NAME of HORSE COLOUR SEX
SIRE DAM
D.O.B USE
SUM INSURED \$..... COVER***** REQUIRED Plus / Deluxe / Standard
PURCHASE PRICE \$..... Date of Purchase

**** Horse Pus & Deluxe only available to sport, equestrian & other breeds only used for recreational purposes
Standard cover for thoroughbred & standardbred horses

- 1. Has the above animal suffered from any accident, sickness or disease or received any veterinary treatment in the last 3 years? YES [] NO []
If YES give details & date.....
If YES has the animal made a complete recovery?
2. Has the above animal suffered from colic, heart abnormalities or respiratory conditions YES [] NO []
If YES give details & date.....
If YES has the animal made a complete recovery?
3. Suffered from sprained tendons, been fired, or denerved? YES [] NO []
If YES give details & date.....
4. Been examined for purchase by a vet? If yes please provide a copy YES [] NO []
If YES give details & date.....
5. Are there any other parties involved in the ownership of the horse(s) to be insured? YES [] NO []
6. There is no other insurance currently in force on this animal (s) YES [] NO []

All information given in support of this declaration of health, whether oral or written is true and correct.

I / We have disclosed to the underwriters all material facts required by law. If accepted, this proposal / declaration shall be the basis of this contract and incorporated in the Insurance certificate.

SIGNED: DATE:

(Insured)