

Stallion First Season Infertility Insurance Proposal

NOTE: Losses due to genital tract infections of the stallion are not covered by this Policy. This is because such losses are not Congenital Infertility within the meaning of this Policy and are more appropriately included in "Permanent Infertility (Accident, Sickness and Disease)" Policies, when infection damage is both permanent and total, or by "Los of Income" Policies, when infection damage is temporary.

Your Contact Details

The applicant(s) (Full Name of Owner / or Owners):

Address:

Email address:

Phone No:

Mobile:

Period of Insurance:

From:

To:

Stallion To Be Insured

Name:

Year of Birth:

Sum Insured :

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

1. Name and address of farm where Proposed Insured Stallion is presently maintained:

a. Name and address of principal of such farm:

b. Name and address of manager of such farm:

2. Name and address of stud farm where Proposed Insured Stallion is to stand:

a. Name and address of principal of stud farm:

i. Number of years of ownership or management at stud farm:

ii. Number of years in thoroughbred breeding business:

b. Name and address of manager of stud farm:

i. Number of years of management at stud farm:

ii. Number of years in thoroughbred breeding business:

c. Where, and by whom will the Stallion's records be kept?

3. Has the Proposed Insurer Stallion ever raced or been trained for racing:

☐ Yes

☐ No

a. If yes, annex as addendum a schedule of racing history including races entered, race result and winnings, separately designating any claiming races.

b. If yes, state when horse went out of training:

4. a. State the date that the horse arrived or is due to arrive at the Stud:
b. The date the horse is schedule to begin stud duties:
5. Has proposed Insured Stallion been semen tested or test bred? ☐ Yes ☐ No
If yes, when and what were the results?
6. Will proposed Insured Stallion be semen tested or test bred prior to covering season? ☐ Yes ☐ No
If yes, when?
7. Have anabolic steroids been administered to the proposed Insured Stallion during the past 12 months? ☐ Yes ☐ No
If yes, please give details?
8. Is the current Code of Practice for Venereal Diseases adhered to? ☐ Yes ☐ No
9. How many mares will the proposed Insured Stallion cover during the first season at stud?
a. State the maximum number of mares the proposed Insured Stallion may normally be asked to cover in any one week:
b. State the maximum number of mares the proposed Insured Stallion may normally be asked to cover in any one day:
10. Are walk-in mares accepted at the Stud? ☐ Yes ☐ No
How many in respect of the proposed Insured Stallion?
11. Is there a resident Vet at the Stud? ☐ Yes ☐ No
If yes, state the resident Vet's name:
12. State whether proposed Assured is sole and exclusive owner of proposed Insured Stallion to the extent of 100% ownership, currently vested and not subject to any condition relating to or based upon, in whole or part, the fertility of the proposed Insured Stallion: ☐ Yes ☐ No
13. State whether proposed Assured is sole and exclusive owner of proposed Insured Stallion to the extent of 100% ownership, currently vested and not subject to any condition relating to or based upon, in whole or part, payments required pursuant to any purchase or sale agreement: ☐ Yes ☐ No
14. If questions numbered (12 and (13) above are not answered "yes", and without qualification, then please provide the following:
a. If ownership of the proposed Assured is less than 100%, state the percentage of the ownership %
b. Is the proposed Insured Stallion subject to any form of syndication agreement? ☐ Yes ☐ No
i. If yes, number of shares:
ii. If yes, detailed breeding rights:
iii. If so, specify sale price each share (without inclusion of valuation for breeding rights):
iv. Set forth details of deferred payment terms:
v. Set forth details of warranties given:
vi. If yes, is there any agreement under which ownership interest of the proposed Assured will or may be modified in the event of injury or infertility? ☐ Yes ☐ No

If you have answered YES to any of the above questions, please provide full details (attach a separate page if required):

The Declaration on page 3 must be signed and dated to be acceptable.

Insured's Duty of Disclosure

The duty of disclosure is an important legal requirement that applies to insurance. When you apply for insurance you have a legal duty of disclosure. Before we can consider providing cover, you must disclose to us everything known to you which is relevant to:

- our decision to insure your animal/s
- the terms on which we insure your animals

The duty applies to each Insured.

The duty also applies when you seek to enter into, renew, change or reinstate a policy.

Examples of information you may need to disclose include:

- any change in the animals use or activities;
- any change in the animal's health or injuries suffered;

- any criminal offence;
- any cancellation, refusal to renew insurance, or imposing of special terms by another insurance company;
- any insurance claims you have made in the past.

If you don't make this disclosure Insurers may:

- refuse or reduce a claim;
- cancel the Cover;
- in some cases, treat the Cover as having never operated.

If you are in doubt it is better to give us the information rather than take the risk of failing in your duty of disclosure.

DUE DILIGENCE is expected of the Insured. You must act with care, and as if uninsured at all times.

Your Onus of Proof

The onus of proof that the insured animal was fit and in good health at the time that the insurance cover commenced lies with you (the insured) under the terms of this insurance.

IMPORTANT INFORMATION

In the event of any of the insured animal/s being injured and requiring Veterinary attention, please notify

Crombie Lockwood Bloodstock

Claims – 24 Hour Service

In the event of death or any life threatening lameness, illness, accident, disease, you or your representative or any person who has care, custody or control of your animal/s should give immediate notice to:

Crombie Lockwood Bloodstock
Level 4, Bridgewater Building
130 Grantham Street
Hamilton 3204
New Zealand

Contact Details
Phone: +64 7 957 8600
Mobile: +64 21 859 216
Fax: +64 7 958 8630
liz.smith@crombielockwood.co.nz

Postal
PO Box 1395
Waikato Mail Centre
Hamilton 3240
New Zealand

DECLARATION

I/We have read and understood the Duty of Disclosure as set out in this form and I/We declare that:

- All answers and statements made in this proposal are correct and complete in every respect and no information has been withheld which is likely to affect acceptance of this proposal form;
- If accepted by the Insurers, this proposal form and declaration shall form the basis of and be incorporated into the contract of insurance now being applied for;
- I/We understand that Crombie Lockwood Bloodstock require this information (which will be retained by Crombie Lockwood Bloodstock) in order to decide whether to accept this proposal form on behalf of the Insurers.
- I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- Crombie Lockwood Bloodstock are authorised to disclose information contained herein to the Insurers.
- I/We authorise Crombie Lockwood Bloodstock to obtain, from any other party, information that is relevant to this proposal form;
- I/We understand that under the terms and conditions of this Policy, there is no cover for claims arising or attributable to any pre-existing condition that is in existence either at the original inception date of this Policy or any subsequent renewal, unless confirmed in writing by Crombie Lockwood Bloodstock

SIGNED BY:

Owner / Trainer / Manager / Stud Master / Agent

Completed by telephone

As discussed and agreed with:

By telephone on Date: / / At ☐ AM ☐ PM

SIGNED: