

## Your Contact Details:

Address:

Email address:

Phone No:

Mobile:

Period of Insurance:

From:

To:

1. Has any Insurer ever:

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| a. | Declined your proposal for any insurance, or declined any claim made by you?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Cancelled your insurance?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Refused you renewal of any insurance policy?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Imposed special conditions on any insurance held by you?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Have you ever claimed under any bloodstock / livestock insurance policy?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Are there any other parties (other than the named Insured on this proposal) involved in the ownership of the alpaca(s) to be insured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Are any of the alpaca/s proposed for this insurance subject to a lease agreement?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Do you have any other insurance cover on this alpaca/s?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

[illegible]

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

6.	Are the above named alpacas normal in eye, wind and action to the best of your knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No give details:	
<hr/>		
7.	Have there ever been any instances of facial eczema at the location where the above animals are kept to the best of your knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes give details of when outbreak occurred and how many animals were lost:	
	What preventative measures are taken to avoid reoccurrences?	
<hr/>		
8.	Have any of the alpaca/s suffered from any colic or any related illness at any time to the best of your knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes give details:	
	Has the animal made a full recovery?	
<hr/>		
9.	Has there been any evidence of a contagious or infectious disease during the past twelve months at the farm where the alpaca/s are being kept?	
	If Yes give details:	
<hr/>		
10.	Have any of the named alpacas suffered from any illness, injury, disease or undergone any surgery to the best of your knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes give details:	
<hr/>		
11.	When did you become owner of the alpaca/s?	
<hr/>		
12.	What was the purchase price \$	OR if home bred what was the service fee \$
<hr/>		
13.	Are any of the named alpaca/s pregnant?	Expected date of birth      /      /
<hr/>		

PLEASE NOTE

IF YOU ARE IN DOUBT SUBMIT A VETERINARY CERTIFICATE CONFIRMING THE ALPACA IS FIT FOR MORTALITY INSURANCE

## 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, Bridgwater 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

### Operations

- a. Castration, Bone Chip etc.  
All operations must be notified at least 24 hours prior to the operation being performed.
- b. Life Saving Operations  
Must be performed as quickly as possible and notification given immediately. A second veterinary opinion should be obtained if time and circumstances allow.

## Declaration

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

- a. 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;
- b. 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;
- c. I/We understand that Crombie Lockwood Bloodstock require this information (which will be retained by FMR Bloodstock) in order to decide whether to accept this proposal form on behalf of the Insurers.
- d. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- e. Crombie Lockwood Bloodstock are authorised to disclose information contained herein to the Insurers.
- f. I/We authorise Crombie Lockwood Bloodstock to obtain, from any other party, information that is relevant to this proposal form;
- g. 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 / Manager / Stud Master / Agent

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Complete by Telephone

As discussed and agreed with:

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

SIGNED: