



Anglo Hibernian

Bloodstock Insurance Services Limited
Richmond House, 127 High Street, Newmarket, Suffolk CB8 9AE
Tel: 01638 669930 Fax: 01638 669940
Mobile: 0411 010208

Bloodstock
and Property
Insurance

Declaration of Health

(Policy No.....)

(To be signed by the owner or person responsible for the horse)

Please read this form carefully, complete and return to Anglo Hibernian immediately

NAME: COLOUR: SEX:
SIRE: DAM:
DATE OF BIRTH: USE:
OWNER: SUM INSURED:

1. Has the above horse suffered from colic or any other illness at any time to the best of your knowledge?
YES..... NO.....

If YES has the horse made a complete recovery?

2. Has the horse suffered from illness or disease or undergone any surgery at any time to the best of your knowledge?
YES..... NO.....

If YES has the horse made a complete recovery?

3. Has there been any evidence of contagious or infectious disease during the past twelve months at the stables/stud farm where the horse is kept?
YES..... NO.....

If YES give details

4. Has the above horse been fired, blistered, nerved, operated on or received treatment for lameness (other than sore shins) at any time to the best of your knowledge does the horse have faulty confirmation?
YES..... NO.....

If YES has the horse made a complete recovery?

5. Is the above horse at present normal in eye, wind and action to the best of your knowledge and does it in your opinion represent a normal risk for mortality insurance purposes?
YES..... NO.....

If NO give details

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which would materially affect this insurance has been withheld.

SIGNED DATE
(OWNER/TRAINER/MANAGER)

N.B. The information given in this Declaration forms the basis of the insurance contract and incorrect answers could invalidate the Policy.