



Anglo Hibernian

Bloodstock Insurance Services Limited

PROPOSAL FORM

NAME:

ADDRESS:

.....

..... POSTCODE:

TELEPHONE NUMBER: FAX NO (if applicable)

Details of location/stable where horse(s) is/are normally kept:

.....

Name and address of usual veterinary surgeon:

.....

..... Tel No:

Does the clinic have facilities for major surgery?

Distance of clinic from the stables where horse(s) is/are normally kept miles

1. Has the proposed horse(s) been insured during the past twelve months? YES/NO

If YES please state the insurer

2. Have you ever had a loss that could have resulted in a claim on a Policy of this type? YES/NO

If YES please give details

3. Has any insurer ever declined to provide such insurance or ever imposed special terms of a cancelled a policy? YES/NO

If YES please give details

4. Have you ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage or arson or is a prosecution pending? YES/NO

If YES please give details

DECLARATION

I hereby declare that to the best of my knowledge and belief the above particulars are true and correct and that no information which would materially effect this insurance been withheld, and that this proposal/declaration shall form the basis of the contract between me and the insurer and that I will accept and abide by the terms and conditions of the Policy of Insurance to be issued.

SIGNED DATE

NAME (please print)

N.B. The information in this Declaration forms the basis of the Insurance Contract and incorrect answers could invalidate the Policy.