



Anglo Hibernian Bloodstock Insurance Services Limited

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PROPOSAL FORM

NAME:

ADDRESS:-.....

.....

..... POSTCODE

TELEPHONE NUMBER:- E-Mail Address

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

.....

Name and address of usual veterinary surgeon:-

.....

..... Tel No:-

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 or 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.