

ΑΣΦΑΛΙΣΗ ΑΛΟΓΩΝ

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ΕΙΔΗ ΑΛΟΓΩΝ : - Υπερπήδησης εμποδίων
- Ιππικού τριάθλου
- Ιππικής δεξιοτεχνίας
- Επιβήτορες/Φοράδες για αναπαραγωγή

Εξαιρούνται τα άλογα του Ιπποδρόμου.

ΚΑΛΥΨΕΙΣ : α. Θάνατος από οποιαδήποτε αιτία.
β. Απώλεια χρήσης.

ΓΕΩΓΡΑΦΙΚΑ ΟΡΙΑ : Δυτική Ευρώπη (συμπεριλαμβάνεται και η κάλυψη μεταφοράς με εξειδικευμένους μεταφορείς).

ΚΑΘΑΡΑ ΑΣΦΑΛΙΣΤΡΑ: α. 5,75%
β. 1-2%

ΑΚΟΛΟΥΘΟΥΜΕΝΗ ΔΙΑΔΙΚΑΣΙΑ

1. Συμπλήρωση πρότασης ασφάλισης.
2. Προσφορά.
3. Αποδοχή από τον ασφαλιζόμενο και προμήθεια υπογεγραμμένου πιστοποιητικού κτηνιάτρου, ο οποίος υποδεικνύεται από τους ασφαλιστές.
4. Έγκριση πιστοποιητικού κτηνιάτρου από τους ασφαλιστές.
5. Πληρωμή ασφαλίσεων εντός 15 ημερών από την παράδοση του ασφαλιστηρίου.

Lloyd's Equine Proposal Form

USUAL COVER IS AGAINST THE RISKS OF MORTALITY, SUBJECT TO VARIOUS CONDITIONS, LIMITATIONS AND EXCLUSIONS. A COPY OF THE WORDING SHOWING THE FULL EXTENT OF THE COVER MAY BE SEEN UPON APPLICATION TO YOUR BROKER.

BEFORE ANY QUESTION IS ANSWERED READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL WHICH YOU ARE REQUIRED TO SIGN. ANSWER ALL QUESTIONS IN FULL. IF THERE IS INSUFFICIENT SPACE TO ANSWER ANY OF THE QUESTIONS PLEASE CONTINUE ON SEPARATE SHEET.

1 a) PROPOSER'S FULL NAME (Mr/Mrs/Miss/Ms) and Address
Tel No(s):
Mobile No:
E-Mail:
Fax No.

b) Occupation

2 SCHEDULE OF HORSES PROPOSED FOR INSURANCE

Particulars of HORSE:

| | |
|-----------------------------|--|
| Name/Breeding: | |
| Use: | |
| Age: | |
| Sex: | |
| Breed: | |
| Proposed Sum Insured: | |
| If purchased please specify | |
| Date: | |
| Price: | |
| Name of previous owner: | |

3 Is there any mortgage, lien, loan, bill of sale or any other encumbrance on the HORSE?
If yes, give details of other parties involved.

4 If the HORSE is home bred, state price and basis of stud fee.

5 a) Where is the above HORSE normally located?

b) Is it stabled at night?

c) Provide name and address of trainer or livery stables owner.

d) Please give details of your security arrangements (e.g. Types of alarms, fencing, security lights, live in staff)

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6 a) Is the HORSE sound and healthy?

b) Give full particulars of defects or ailments, illness or disease, during last twelve months.
(Attach any relevant vet reports)

c) Has the HORSE ever been fired or blistered or nerved?
If yes, give details (why and when?)

7 a) Is there any current contagious or infectious disease on the premises at which the HORSE is located?

b) Has there been any during the past twelve months?

c) Is there any, to your knowledge, in the neighbourhood now?
If yes, to a, b, or c, give details.

8 a) How long has the HORSE been in your possession or care?

b) Has the HORSE recently been imported into the neighbourhood?
If yes, when and from where?

c) If the HORSE is in your own possession and care, how many years experience do you have with horses?

9 a) Is the HORSE currently insured or has it been insured previously by you or your agent?

If yes, please supply expiry date together with name of your agent/broker and the Insurer.

b) Has any Insurer ever declined or refused you Equine Insurance?
If yes, give details.

10 a) Have you other HORSE(s) which are not proposed for Insurance hereunder?

If yes, give details.

b) If not proposed for insurance hereunder please state reason why.

11 State cause and date of death of any HORSES you have lost during the last three years and in each case state whether or not insured?

12 Have you been paid claims on Equine insurance in the last three years?

If yes, state how many, cause, sum insured, and name(s) of Insurer(s).

13 a) Name, full address and telephone number of your VETERINARY SURGEON.

b) What is his distance from where the HORSE is normally located?

c) What is the distance to the veterinary facilities for major operations from where the HORSE is located?

14 SPECIAL QUESTIONS: BREEDING STALLIONS

In respect of the HORSE state

- a) Dates of beginning and ending of service season.
 - b) Present stud fee.
 - c) Stud fee last season.
 - d) Number of own mares served last season.
 - e) Number of other mares served last season.
 - f) On what basis is the stud/service fee charged?
 - g) Amount actually earned in last full season.
 - h) Amount actually earned in current season to date.
 - i) Bookings for remainder of current season.
 - j) Expected bookings for next season.
 - k) Live foal fertility percentage for the last three seasons.
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15 SPECIAL QUESTIONS: BROODMARES

- a) Last service date.
- b) Location of last service including name of stallion.
- c) Stud fee paid and terms.
- d) Progeny record of mare for the last five years.
- e) Does the mare have any history of abortion or stillbirth?
If yes, give details.

16 SPECIAL QUESTIONS: RACEHORSES

Has any HORSE been entered for or raced in any claiming or selling race during the past twelve months?
If yes, state which HORSE(S) and please give details.

17 RACING/SHOW RECORD during twelve months immediately prior to this proposal:

PLEASE ATTACH PRINTOUT OR COMPLETE THE SECTION BELOW.

DATA PROTECTION ACT 1998

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and handling of any claims which may arise under it, Underwriters may need to transfer certain information which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

DECLARATION

The above named horses are owned by me and, to the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: if you are in any doubt as to whether a fact is material or not you must disclose it in this space below or on a separate sheet attached).

If separate sheet(s) have been attached, please indicate how many in this box.

This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding to accept this Insurance. Should a contract of insurance be concluded this proposal will form the basis of the insurance.

Subject to acceptance by Underwriters, when would you like the insurance to commence. Date

Signature of proposer:

Date

SCHEDULE OF HORSES PROPOSED FOR INSURANCE

| Name/Breeding | Use | Age | Sex | Breed | Proposed Sum Insured | If purchased please specify : | | |
|---------------|-----|-----|-----|-------|----------------------|-------------------------------|--------|-------------------------|
| | | | | | | Date: | Price: | Name of previous owner: |
| | | | | | | | | |

For attachment to NMA 2916