



**Cover: Death as a result of: Accident/Sickness/ Or Disease**

Dressage/Show Jumping/ Endurance/ Polo

1. Name of trust/business/individual:  
Naam van trust/besigheid/individu: \_\_\_\_\_

2. Position/role:  
Posisie/Hoedanigheid: \_\_\_\_\_

3. Surname:  
Van: \_\_\_\_\_

4. Full name:  
Volle naam: \_\_\_\_\_

5. ID Number/ Registration Number:  
ID Nommer / Registrasie Nommer: \_\_\_\_\_

6. Postal address:  
Posadres: \_\_\_\_\_  
Code: \_\_\_\_\_ Province: \_\_\_\_\_  
Kode: \_\_\_\_\_ Provinsie: \_\_\_\_\_

7. VAT number:  
BTW-nommer: \_\_\_\_\_

8. Telephone:  
Telefoon: Code: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Kode: \_\_\_\_\_ Huis: \_\_\_\_\_ Werk: \_\_\_\_\_

9. Cellular:  
Selluler: \_\_\_\_\_

10. E-mail:  
E-pos: \_\_\_\_\_

Underwritten by:



A member of the OLD MUTUAL Group



Strategic Insurance Systems (PTY) LTD  
Underwriting Managers



11. Horse Name /Naam van perd	Age/Ouderdom	Use/ Gebruik	Versekerde Waarde/ Insured Value	Sex/Geslag
a)				
b)				
c)				
d)				

12. Period of insurance: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Periode van versekering: Van: \_\_\_\_\_ Tot: \_\_\_\_\_

13. Has any insurer cancelled, or refused to renew your equine insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Is enige versekering al ooit gekanselleer of geweier? Ja: \_\_\_\_\_ Nee: \_\_\_\_\_

14. Are the horses owned solely by you? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Is u die alleen eienaar van die perd(e)? Ja: \_\_\_\_\_ Nee: \_\_\_\_\_

15. Have you lost an animal(s) due to illness, injury, disease or accident within the last 3 years? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Het u enige dier(e) verloor a.g.v. siekte, kwaal, besering of ongeluk in die laaste 3 jaar? Ja: \_\_\_\_\_ Nee: \_\_\_\_\_

If YES, provide full details:  
 Indien JA, verskaf volle besonderhede:

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**DECLARATION OF HEALTH FOR INSURANCE**

**All questions to be completed**

**Vet certificates required**

1) Has the above horse/s suffered from Colic or any related illness in the last 12 months or at any time to the best of your knowledge YES/NO. If YES give details:

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2) Has the above horse/s suffered any Accident/Illness or Disease, and undergone any surgery at any time to the best of your knowledge. If YES give details.

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3) Has there been any evidence of contagious or infectious disease during the past 12 months at the Stable / Farm where the horse/s are kept. If YES give details.

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4) Has the above horse/s been fired/Blistered/Nerved/Operated on or received treatment for lameness other than sore shins. If YES give details.

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5) Has the above horse/s suffered at anytime from Melanoma's Acaroids, Warts or any other type of growth. If YES give details.

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6) Is the above horse/s at present normal in the eye's wind and action to the best of your knowledge and does it in your opinion represent a normal risk for the insurance that is been proposed. If NO give details.

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7) If you have lost any animal/s in the past 3 years state date, cause, and whether a claim was made YES /NO

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Underwritten by:





8) Distance from where the animal/s is stabled to the nearest VETERINARIAN.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signed (Owner / Veterinarian Surgeon)

**THE INFORMATION GIVEN IN THIS DECLARATION, FORMS THE BASIS OF THE INSURANCE CONTRACT, INCORRECT INFORMATION COULD INVALIDATE THE POLICY.**

Underwritten by:

