

Equine Multi-Cover Proposal Form

Details of Proposer

Full Name Postal:

Postal address:

Suburb/City: State: Postcode:

Telephone No:

Email Address:

Questions

1. Provide details of the death or loss of any of your horse/s over the past 5 years

Date	Age of Horse	Cause of Death	Value

2. Provide details of any claims in respect of other sections proposed under this insurance

3. Has any insurer declined an insurance application or claim from you of cancelled or refused to renew your policy or required special terms to insure you? If the answer is yes, provide details

Yes No

4. Is/are the horse/s proposed for insurance sound and healthy? If the answer is no, provide details

Yes No

5. Have you been charged with, or convicted of, any criminal offences in the past 10 years?

If the answer is yes, provide details

Yes No

6. Is the horse currently insured or previously been insured? If the answer is yes, provide details

Yes No

7. Address where the horse/s is/are stabled

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Aon Equine Multi-cover Insurance

Period of insurance required:

From:

To:

Please remember that the descriptions below have been prepared for general reference only. Nothing contained herein prevails over the terms, conditions and exclusions of the policy.

Section 1 and 1a - Horse Insurance (schedule of horses to be insured)

Please supply a copy of the pre-purchase examination certificate with this proposal form.

Name: Age: Breed: Colour:
Brand Mark: Sex: Date Purchased: Purchase Price:

The main use: (ie. Dressage/eventing/showjumping, etc)

Owned or leased (if leased, provide owner's name and address)

Sum insured required:

Type of cover required: Mortality only Mortality and loss of use

**Proof of value may be required in the event of a claim

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Section 2 – Personal Liability

Covers the insured person in respect of claims where they become legally liable to pay damages in respect of (1) third party bodily injury or (2) loss or damage to third party property occurring during the Period of Insurance and arising directly out of the ownership or use of any Horse described in the Schedule.

Sum insured: (please tick limit required) \$10,000,000 \$20,000,000

Name	Age	Breed	Colour	Use

Section 3 – Riding Equipment

Covering accidental loss of or damage to personal riding gear.

Sum insured required: Total sum insured in excess of \$5,000 must be referred.

Cover is for maximum of \$2,000 per item, Please supply details of any item, including value where cover in excess of this amount is required:

Section 4 – Horse Float

Make: Model: Year of Manufacture: Carrying Capacity:
Registration: Date Purchased: Sum Insured Required: \$

Section 5 – Personal Accident

Covers death and capital benefits up to \$50,000, loss of weekly income up to \$500 per week, Non Medicare expenses & ambulance \$5,000, Non income earner benefits \$200 per week whilst participating in recreational non-income earning equestrian activities.

Name: Date of Birth:

Cover required:

Named Club Activities only Club Name: OR 24 hours a day / 7 days a week

Section 6 – Veterinary Fees

Covers veterinary costs up to \$7,500 incurred following injury, illness or disease being suffered by the insured animal under Section 1 and 1a.

Do you wish to include veterinary fees? Yes No

Optional Extensions

Additional veterinarian post mortem expenses - \$300 Yes No

Advertising costs following theft or straying of insured horse - \$300 Yes No

Cost of removing the remains of the horse following death - \$300 Yes No

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Privacy Disclosure & Consent

Aon is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Clth). We collect, use and disclosure personal information to offer, promote, provide, manager and administer the many financial services and products we and our group of companies are involved in as set out in the Aon Privacy Notice forming part of this Proposal Form. Further information about our privacy practices can be located in the Aon Australia Group Privacy Policy Statement which can be viewed on our website at www.aon.com.au or a copy can be sent to you on request by your Aon representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your Aon representative or our Privacy Officer through the means set out in the Aon Privacy Notice.

By submitting this Proposal Form, you confirm that:

1. You have read the Aon Privacy Notice (including the Aon Australia Group Privacy Policy Statement) and agree that we can handle any personal information you have provided to us in accordance with the terms of this Notice. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the Aon Privacy Notice.
2. If you are disclosing personal or sensitive information about any other person to Aon, you confirm that you have obtained the consent of that person to disclose to Aon their personal or sensitive information and you have made them aware that Aon will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If you have not obtained consent from this other person to disclose their personal or sensitive information to Aon, you will inform us before providing the relevant information to us.

Unless you tick here, we or any of our group of companies may be in touch by any means (including email or SMS) at any time to let you know about goods, services or promotions that may be of interest to you

Signature Date