

DECLARATION OF HEALTH:

Alpaca

(TO BE SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE ANIMAL)

JLT Bloodstock

Cnr Queen & Dick Street
PO Box 547
Cambridge, 3434
New Zealand
Tel +64 (0)7 827 7071
Fax +64 (0)7 827 7072
bloodstock@jltgroup.co.nz
www.horseinsurance.co.nz

Owners			
Policy Number			
Period of Insurance From		To:	

Please read this form carefully. If you are in doubt, submit a current veterinary certificate.

Complete the first section and circle 'Yes' or 'No' to the questions, giving full details where necessary.

Return this form immediately to JLT Bloodstock.

Items to be Insured

Name:	Reg. Number:	Age:	Sex:	Use:	Sum Insured:
					\$
					\$
					\$
					\$
					\$
					\$
1.	Are the above animal(s) at present normal in eye, wind and action to the best of your knowledge? If NO give details:				Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Have there ever been any instances of facial eczema at the locations where the above animal(s) are kept or will be kept? If YES give details of when the outbreak occurred and how many animals were lost? If YES give details of measures taken to prevent a re-occurrence.				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3.	Have any of the above animal(s) suffered from colic or any other related illness at any time to the best of your knowledge? If YES give details: If YES have the animals made a complete recovery?				Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have any of the above animal(s) suffered from any illness, injury, disease or undergone any surgery at any time to the best of your knowledge? Do they have any blemishes? If YES give details: If YES have the animals made a complete recovery?				Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Has there been any evidence of contagious or infectious disease during the past twelve months at the location(s) where the animal(s) are kept? If YES give details:				Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Have any of the above animal(s) received treatment for lameness at any time to the best of your knowledge or do any of the animal(s) have faulty conformation? If YES give details: If YES have the animals made a complete recovery?				Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Purchase price of above animal(s) If homebred, please advise if stud fee was paid and amount?	\$ \$	Date Purchased:		
8.	If any of the above are mares, are any currently pregnant? If YES , what was the last date of mating? And the expected date of birth:				Yes <input type="checkbox"/> No <input type="checkbox"/>

The Declaration on page 2 must be signed and dated to be acceptable.

Please read the important information over the page.

INSURED'S DUTY OF DISCLOSURE

The duty of disclosure is an important legal requirement that applies to insurance.

When you apply for insurance you have a legal duty of disclosure. Before we can consider providing cover, you must disclose to us everything known to you which is relevant to:

- our decision to insure your animal/s;
- the terms on which we insure you.

The duty applies to each Insured.

The duty also applies when you seek to enter into, renew, change or reinstate a policy.

Examples of information you may need to disclose include:

- any change in the animals **use** or **activities** (e.g. changes from rearing to breeding activities);
- any change in the animal's health or injuries suffered;
- any criminal offence;
- any cancellation, refusal to renew insurance, or imposing of special terms by another insurance company;
- any insurance claims you have made in the past.

What happens if you fail in your Duty? If you don't make this disclosure Insurers may:

- refuse or reduce a claim;
- cancel the Cover;
- in some cases, treat the Cover as having never operated.

If you are in doubt it is better to give us the information rather than take the risk of failing in your duty of disclosure.

DUE DILIGENCE is expected of the Insured. They must act with care, and as if uninsured at all times.

VETERINARY CERTIFICATES

Veterinary Surgeon's Certificate of Health on the NZVA recommended Certificate format is required for:-

1. ANIMALS – All Animals valued over \$25,000 or over 12 years of age.
2. CRIAS – Cover is available on Crias once they are over 30 days old. Veterinary Certificates are required for all Crias aged from 30 to 90 days old.

NB – Veterinary Certificates are not required on animals purchased at auction that are insured from fall of hammer

Veterinary certificates as specified above must be available and acceptable to JLT Bloodstock at the inception of the Policy if full risks of mortality cover is required. In the absence of these documents, cover will be limited to death by accident only.

CLAIMS – 24 HOUR SERVICE

In the event of death or any life threatening lameness, illness, accident, disease, you or your Representative or any person who has care, custody or control of your animal/s should give immediate notice to:

JLT Bloodstock
PO Box 547, Cambridge, New Zealand
Telephone: 0-7-827 7071
Fax: 0-7-827 7072
Mobile: 027-274-2998
Email: bloodstock@jltgroup.co.nz

POST MORTEM

In the event of the death of a animal, it is a Policy requirement that a Post Mortem/Autopsy be immediately carried out at the Insured's expense. To assist with identification, registration number, colour etc. should be noted.

OPERATIONS - Any surgical procedure must be carried out by a registered Veterinary Surgeon.

(a) Castration etc.

All operations must be notified at least 24 hours prior to the operation being performed.

(b) Life Saving Operations

Must be performed as quickly as possible and notification given immediately. A second veterinary opinion should be obtained.

BINDING AUTHORITY STATEMENT

JLT Bloodstock are acting in an underwriting capacity on behalf of Certain Underwriters at Lloyds who, under an Underwriting Agency Agreement, have given JLT Bloodstock authority to act on their behalf in respect of this insurance.

DECLARATION

I/We have read and understood the Duty of Disclosure as set out in this form and I/We hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which would materially affect this insurance has been withheld.

SIGNED:
(OWNER / MANAGER)

DATE:

NB: THE INFORMATION GIVEN IN THIS DECLARATION FORMS THE BASIS OF THE INSURANCE CONTRACT AND INCORRECT ANSWERS COULD INVALIDATE THE POLICY.