

Alpaca Health Declaration



DECLARATION OF HEALTH FOR MORTALITY INSURANCE
(TO BE SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE ALPACA AT INCEPTION)
Please read this form carefully. If you are in doubt, submit a current veterinary certificate.
Complete the first section and tick "Yes" or "No" to the questions giving full details where necessary on a separate sheet.

Insured:

ALPACAS TO BE INSURED

Name:

Age/Sex:

Use:

Tag Number:

Sum Insured \$

Name:

Age/Sex:

Use:

Tag Number:

Name:

Age/Sex:

Use:

Tag Number:

Sum Insured \$

Name:

Age/Sex:

Use:

Tag Number:

Sum Insured \$

If you have more alpacas, please list others on a separate page with all information as requested above

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

1. Are the above named alpacas normal in eye, wind and action to the best of your knowledge? Yes No

If No give details:

2. Have there ever been any instances of facial eczema at the locations where the above animals are kept to the best of your knowledge? Yes No

If YES give details of when outbreak occurred and how many animals were lost:

What preventative measures are taken to avoid reoccurrences?

3. Have any of the alpacas suffered from colic or any related illness at any time to the best of your knowledge? Yes No

If Yes give details:

Has the animal made a full recovery?

4. Has there been any evidence of a contagious or infectious disease during the past twelve months at the stables/farm where the alpacas are being kept? Yes No

If Yes give details:

5. Have any of the Alpacas suffered from any illness, injury, disease or undergone any surgery to the best of your knowledge? Yes No

If Yes give details:

6. Are any of the above Alpacas pregnant?

Expected date of birth / /

PLEASE NOTE

IF YOU ARE IN DOUBT SUBMIT A VETERINARY CERTIFICATE CONFIRMING THE ALPACA IS FIT FOR MORTALITY INSURANCE

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 your animals

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;
- 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.

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. You must act with care, and as if uninsured at all times.

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/our knowledge and believe the above particulars are true and correct and that no information which would materially affect this insurance has been withheld.

SIGNED BY:

Owner / Trainer / Manager / Stud Master / Agent

Completed by telephone

As discussed and agreed with:

By telephone on Date: / / At AM PM

SIGNED:

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