

Stallion First Season Infertility Insurance Proposal



NOTE: Losses due to genital tract infections of the stallion are not covered by this Policy. This is because such losses are not Congenital Infertility within the meaning of this Policy and are more appropriately included in "Permanent Infertility (Accident, Sickness and Disease)" Policies, when infection damage is both permanent and total, or by "Los of Income" Policies, when infection damage is temporary.

Your Contact Details

The applicant(s) (Full Name of Owner / or Owners):

Address:

Email address:

Phone No:

Mobile:

Period of Insurance:

From:

To:

Stallion To Be Insured

Name:

Year of Birth:

Sum Insured :

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

1. Name and address of farm where Proposed Insured Stallion is presently maintained:

a. Name and address of principal of such farm:

b. Name and address of manager of such farm:

2. Name and address of stud farm where Proposed Insured Stallion is to stand:

a. Name and address of principal of stud farm:

i. Number of years of ownership or management at stud farm:

ii. Number of years in thoroughbred breeding business:

b. Name and address of manager of stud farm:

i. Number of years of management at stud farm:

ii. Number of years in thoroughbred breeding business:

c. Where, and by whom will the Stallion's records be kept?

3. Has the Proposed Insurer Stallion ever raced or been trained for racing:

Yes

No

a. If yes, annex as addendum a schedule of racing history including races entered, race result and winnings, separately designating any claiming races.

b. If yes, state when horse went out of training:

4. a. State the date that the horse arrived or is due to arrive at the Stud:
 b. The date the horse is schedule to begin stud duties:
5. Has proposed Insured Stallion been semen tested or test bred? Yes No
 If yes, when and what were the results?
6. Will proposed Insured Stallion be semen tested or test bred prior to covering season? Yes No
 If yes, when?
7. Have anabolic steroids been administered to the proposed Insured Stallion during the past 12 months? Yes No
 If yes, please give details?
8. Is the current Code of Practice for Venereal Diseases adhered to? Yes No
9. How many mares will the proposed Insured Stallion cover during the first season at stud?
 a. State the maximum number of mares the proposed Insured Stallion may normally be asked to cover in any one week:
 b. State the maximum number of mares the proposed Insured Stallion may normally be asked to cover in any one day:
10. Are walk-in mares accepted at the Stud? Yes No
 How many in respect of the proposed Insured Stallion?
11. Is there a resident Vet at the Stud? Yes No
 If yes, state the resident Vet's name:
12. State whether proposed Assured is sole and exclusive owner of proposed Insured Stallion to the extent of 100% ownership, currently vested and not subject to any condition relating to or based upon, in whole of part, the fertility of the proposed Insured Stallion: Yes No
13. State whether proposed Assured is sole and exclusive owner of proposed Insured Stallion to the extend of 100% ownership, currently vested and not subject to any condition relating to or based upon, in whole or part, payments required pursuant to any purchase or sale agreement: Yes No
14. If questions numbered (12 and (13) above are not answered "yes", and without qualification, then please provide the following:
 a. If ownership of the proposed Assured is less than 100%, state the percentage of the ownership %
 b. Is the proposed Insured Stallion subject to any form of syndication agreement? Yes No
 i. If yes, number of shares:
 ii. If yes, detailed breeding rights:
 iii. If so, specify sale price each share (without inclusion of valuation for breeding rights):
 iv. Set forth details of deferred payment terms:
 v. Set forth details of warranties given:
 vi. If yes, is there any agreement under which ownership interest of the proposed Assured will
or may be modified in the event of injury or infertility? Yes No

If you have answered YES to any of the above questions, please provide full details (attach a separate page if required):

The Declaration on page 3 must be signed and dated to be acceptable.

