

- 4) a) Where are the above animals normally located ?
- b) Are they stabled at night?
- c) Will they be kept in enclosed paddock?
- d) Will they be on OPEN RANGE at any time?
- e) For what purpose are the animals kept or employed?
- f) Are there any leases or mortgages on any of the animals?
If YES, give details.
-

- 5) a) Are the animals sound and healthy?
- b) Give full particulars of defects or ailments .
Illness or disease, during last twelve months.
- c) Have any animals ever been fired or blistered?
If YES, give details .
-

- 6) a) Is there any contagious or infectious disease on the premises now?
- b) Has there been any during the past twelve months?
- c) Is there any , to your knowledge, in the neighborhood now?
If YES, to a, b, or c, give details
-

- 7) a) How long have the animals been in your possession or care?
- b) Have any of the animals recently been imported in the neighborhood?
If YES, when and from where?
-

- 8) a) Are the animals now insured or have they been insured previously by you or your agent?
If YES, give details including the name of insurers.
- b) Has any Insurer ever declined or refused to renew your Livestock Insurance?
If YES, give details.
-

- 9) a) Have your other stock of like category, which in not proposed for Insurance hereby?
If YES, give details.
- b) If all such stock is not proposed for insurance hereby (or already insured) state why.

10 a) How many animals of like category have you lost during the last two years, irrespective of class, type or breed?

b) State cause and date of death in each case.

c) Have you been paid claims on livestock at any time?
If YES, please give details.

Date of Occurrence	Names of Insurer(s)	Details of Loss	Amount involved Rs.
.....
.....
.....
.....

11. a) Name, full address and telephone number of your Veterinary Surgeon.

b) What is his distance from where the animals are normally located?

12. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or Likely to affect the proposed insurance?

13 SPECIAL QUESTIONS : MALE ANIMALS

a) Is any animal to be sold, or let on mortgage, commission, lien or hire?
If YES, give details.

In respect of each of the animals state

- b) Dates of beginning and ending of service season.
- c) Present service fee.
- d) Service fee last season
- e) Number of own animals served last season
- f) Number of other animals served last season
- g) Whether service fee is on “no foal (or offspring) – no fee” basis.
- h) Amount actually earned in last full season
- i) Amount actually earned in current season to date
- j) Bookings for remainder of current season
- k) Bookings for next season
- l) Have the animals been tested at any time for tuberculosis?
If YES, where and when, and with what result?

14. SPECIAL QUESTIONS: PREGNANT ANIMALS

- a) Date due to give birth
- b) Fee paid for covering
- c) Year animal last gave birth
- d) Have any of the young been cast, aborted or stillborn?
- e) Have you any other pregnant animals of like category?

15. SPECIAL QUESTIONS: HORSES

Has any horse been entered for or raced in any claiming, selling or combination race during the past twelve months?

If YES, state which horse(s) and lowest value of race(s).

16. RACING/SHOW RECORD during twelve months immediately prior to this proposal:

Name	No. of entries	Placings	Total amount won

DECLARATION

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts.. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your insurance broker or agent of Allianz Insurance Lanka Limited.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I/We hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address provided by me/us here in above respectively for any digital marketing purpose/s and communication relevant information including special promotional offers of Allianz Insurance Lanka Limited / Allianz Life Insurance Lanka Limited.

I/We hereby grant my/our consent and authorize Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited to verify the authenticity of the particulars relating to me/us as holder/holders of National Identity Card/s via the information system of the Department of Registration of Persons or any other validation method/system as applicable from time to time .

Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

Data Privacy

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ AllianzLife Insurance Lanka Limited official website <https://www.allianz.lk/data-privacy-notice.html> prior to signing of this form/ application/ document.

.....
Signature of the Proposer

.....
Date

DECLARATION

I, the undersigned, hereby propose to insure the horses listed in the Schedule above owned by me, subject to the terms and conditions of the Policy to be issued, and I declare that to the best of my knowledge and belief the above statements are true and complete and that I have not withheld any material information.

Signing this Form does not bind the Proposer to complete the Insurance but it is agreed that this Form shall be the basis of the Contract should a Policy be issued.

Dated.....

Signature of Proposer.....

INSTRUCTIONS TO VETERINARY SURGEON

It is required in every case that each horse shall be examined outside the stall and that it should be made to move about to demonstrate soundness of limbs and freedom of action. Horses having vicious habits, that have suffered recurrent attacks of colic or bleeding, that are tuberculous, or that have been un-nerved, are not insurable. Careful observation and enquiry should be made as to housing conditions and the presence of contagious or infectious disease.

VETERINARY CERTIFICATE

I,....., DO HEREBY CERTIFY that I have this day examined the horses listed in the Schedule above.

QUESTIONS

1. Is any mare pregnant? If so, state which and expectant date and any symptoms detrimental to satisfactory breeding		8. Is there to your knowledge any contagious or infectious disease in the neighbourhood?	
2. Has any mare a history of abortion?		9. (a) At this examination has the heart of each horse been auscultated, before and after exercise, and found normal?	(a)
3. Are pulse and respiration of each horse normal?		(b) Has any horse been fired or blistered? If so, give details and state date and whether fully recovered and whether any likelihood of future danger to life or limb as a result of such firing or blistering	(b)
4. Are both eyes of each horse absolutely perfect?		(c) Has neurectomy ("Un-nerving") been performed on any horse?	(c)
5. Does any horse manifest any indication of lameness or faulty conformation in any of its legs or feet?			
6. Is any horse subject to attacks of colic or bleeding?			
7. Has any operation been performed on any horse? If so, give details and state date and whether fully recovered and whether any likelihood of future danger to life as a result of such operation.		10. Are you the Proposer's usual Veterinary Surgeon?	

REMARKS :

I found the housing to be and I discovered contagious or infectious disease present ; and, except as noted above, I hereby certify that each animal is in sound and healthy condition.

Date of examination..... Signed..... Qualifications..... Address.....