

APPLICATION FORM

Please complete an application for each horse.

POLICYHOLDER DETAILS

Title _____ Surname _____

First name(s) _____ ID number _____

Residential address _____

_____ Code _____

Tel number (H) _____ Tel number (W) _____ Cell number _____

Email address (compulsory) _____

Would you like to hear more about products and offers from Hollard Equipage? YES NO

Would you like to hear more about products and offers from Hollard? YES NO

Would you like to hear more about products and offers from Hollard's partners? YES NO

DETAILS OF HORSE

Horse's name _____ Colour _____

Height _____ Sex G S M C F Date of birth _____

Brand/Microchip number _____ Breed _____

Purchase date _____ Purchase price R _____

Main activities for which horse is used _____

Yard name where horse is kept _____

Yard address where horse is kept _____

Is the horse stabled at night? YES NO

Are you the only owner of this horse? YES NO

If NO, please provide _____
details of the other owners _____

Name of person responsible for horse _____ Tel number _____

VETERINARY PRACTICE DETAILS

Name of Veterinary Practice _____

Vet's name and surname _____ Tel number _____

YOUR HISTORY

1. Has any horse (insured or not), that you owned or cared for, died in the past 12 months? YES NO
If YES, please state reason

2. Have you, or anyone else to be covered by this insurance policy, ever been involved in civil or criminal investigation or litigation in the past three years which specifically involve bad debts or dishonesty, or have had a civil judgement handed down against them of any kind? YES NO
If YES, please describe what happened

3. Have you ever been refused insurance for the proposed risks to be insured or had any policy in which you had an interest, cancelled or restricted? YES NO
If YES, please state reason

4. Have you, or any other owners of this horse (if applicable), during the past three years submitted any claims? YES NO
If YES, please complete the table below, including any declined claims.

| Date of loss | Description of loss | Claimed amount | Insurer name and policy number |
|--------------|---------------------|----------------|--------------------------------|
| | | R | |
| | | R | |
| | | R | |
| | | R | |
| | | R | |

COVER SELECTION

What type of cover do you need?

| | | | | |
|--------------------------------|-----|----|---|---|
| Mortality cover | YES | NO | Insured value of horse | R |
| Critical care | YES | NO | Insured value per event (select option) | R20 000 R30 000 R40 000 R50 000 R60 000 R70 000 R80 000 |
| Foetus cover | YES | NO | Insured value of foetus | R |
| Stallion infertility | YES | NO | | |
| Loss of use | YES | NO | | |
| Sasria cover | YES | NO | | |
| VIP Equine Cover | YES | NO | | |
| Liability cover | YES | NO | Limit per event (select option) | R1 000 000 R2 000 000 R5 000 000 |
| Saddle and tack cover | YES | NO | If YES, please complete the Saddle and tack section of this form. | |
| Horsebox cover | YES | NO | If YES, please complete the Horsebox section of this form. | |
| Personal accident cover | YES | NO | If YES, please complete the Personal accident section of this form. | |

PLEASE COMPLETE THIS SECTION IF MORTALITY, CRITICAL CARE OR VIP COVER IS REQUIRED

1. Are the horse's vaccinations against horse sickness, influenza, tetanus, and rabies up to date? YES NO
If NO, please provide reason

2. Has there been any evidence of contagious or infectious disease during the past 12 months in the location where the horse is kept? YES NO
If YES, please provide details

3. Has the horse suffered from any form of colic, ulcers or any other intestinal or digestive disorder? YES NO
If YES, please provide details (including date and details of colic)

4. Does the horse suffer from faulty conformation or any other congenital defects? YES NO
If YES, please provide details

5. Has the horse undergone any surgery? YES NO
If YES, please provide details

6. Has the horse suffered from fractures, sprained tendons, ligament injuries, arthritis, lameness, navicular, ringbone, kissing spine or degenerative joint disease? YES NO
If YES, please provide details

7. Has the horse ever had any melanomas, sarcoids, warts or any other type of growth? YES NO
If YES, please provide details

8. Has the horse suffered any accident, sickness, disease, been operated on for wind or respiratory defects, been on any course of medication or received any veterinary attention except for questions 3 to 7 above? YES NO
If YES, please provide details

9. Has the horse ever failed a veterinary examination? YES NO
If YES, please provide details

10. To the best of your knowledge, is the horse currently healthy and in sound condition? YES NO
If NO, please provide details

11. Has the horse required any other attention during the last 3 years? YES NO
If YES, please provide details

SADDLE AND TACK COVER

| Item | Description of item | Insured Value | Storage when not in use | | | | |
|------|---------------------|---------------|-------------------------|---|---|---|---|
| 1. | _____ | R | 1 | 2 | 3 | 4 | 5 |
| 2. | _____ | R | 1 | 2 | 3 | 4 | 5 |
| 3. | _____ | R | 1 | 2 | 3 | 4 | 5 |
| 4. | _____ | R | 1 | 2 | 3 | 4 | 5 |
| 5. | _____ | R | 1 | 2 | 3 | 4 | 5 |
| 6. | _____ | R | 1 | 2 | 3 | 4 | 5 |
| 7. | _____ | R | 1 | 2 | 3 | 4 | 5 |

Place of storage when not in use, or carried on a person: 1 = Main Building 2 = Garage 3 = Outbuilding 4 = Stables 5 = Tack Room

Address where the items are kept _____

- | | | | |
|----|--|-----|----|
| 1. | Do all the opening windows (including louvres) have burglar bars? | YES | NO |
| 2. | Are other external doors fitted with security gates? | YES | NO |
| 3. | Is the perimeter of the property walled/fenced on all sides? | YES | NO |
| 4. | Is the property protected by a fully operational burglar alarm linked to a 24-hour armed response? | YES | NO |

Excess you must pay for each claim:

| | | | | | |
|----------------|-----------------------|------|-------------------------|------------|------|
| Saddles | Partial or total loss | R750 | Tack | Total loss | R750 |
| Tack | Partial loss | R250 | Saddles and Tack | Total loss | R750 |

HORSEBOX COVER

VEHICLE DETAILS

Please submit a copy of the vehicle's licence papers with this form.

Make and model _____ Year of manufacture _____
 Registration number _____ Engine number (if applicable) _____
 Horsebox insured value R _____ VIN number _____

Please list any aftermarket accessories, extras or spare parts which you want to insure. These are items that are not supplied by the vehicle's manufacturer, such as shade cloths, rubberising and cameras.

| Description of item | Insured value |
|---------------------|---------------|
| _____ | R _____ |

Has the vehicle been modified into a horsebox? YES NO
 If YES, please provide details _____
 Is the horsebox financed? YES NO
 If YES, please state bank and account number _____

Address where horsebox is kept overnight _____

Where is the horsebox kept overnight? Locked garage In yard Behind locked gates
 Under cover On pavement/in street

OWNER AND DRIVER DETAILS

Are you the registered owner? YES NO
 If NO, state the name and surname of the registered owner _____
 Name, surname and gender of usual driver _____ M F
 Your relationship to the usual driver _____
 Year in which driver's licence was obtained _____ ID number of usual driver _____
 Type of driver's licence (select one) Licence issued in RSA Learner's licence issued in RSA
 International driver's licence

Does the usual driver have a conviction, or paid an admission of guilt fine, for a driving offence in the past three years, or is there any prosecution pending? YES NO

Excess you must pay for each claim:

| | |
|----------------------------------|---|
| Horsebox | 5% of the claim amount value with a minimum of R750 |
| Theft of wheels and tyres | 20% of claim amount with a minimum of R150 per tyre |

PERSONAL ACCIDENT COVER

Please complete details of each person you want to covered. Note that this cover is only available to persons between the ages of 15 years and 70 years.

1. Name and surname _____

Gender M F ID number _____

Occupation _____ Relationship to you _____

2. Name and surname _____

Gender M F ID number _____

Occupation _____ Relationship to you _____

3. Name and surname _____

Gender M F ID number _____

Occupation _____ Relationship to you _____

4. Name and surname _____

Gender M F ID number _____

Occupation _____ Relationship to you _____

1. Has any person to be insured sustained a recent physical injury (e.g. broken limb)? YES NO
If YES, provide details

2. Does any person to be insured suffer from defective vision or hearing or from any physical or mental infirmity? YES NO
If YES, provide details

BANKING DETAILS OF POLICYHOLDER

Account holder _____
 Name of bank _____
 Branch code _____
 Type of account _____
 Account number _____

How would you like to pay your premiums?

Option 1: Once-off annual payment via EFT/Direct deposit YES NO

Please note that if you choose to pay your annual premium via electronic fund transfer or direct deposit, we still require your banking details for payment of claims and premium refunds (where applicable).

Please make payment within 30 days of your cover start date into the following banking details:

Bank name ABSA Bank
 Account name THIC – Equipagé Commercial Premium Account
 Account number 405 915 4866
 Branch number 632005
 Reference *Policyholder initials and surname*

Option 2: Monthly payment via debit order YES NO

What day must we debit your account each month? 1st 7th 15th

Reference *The word EQUIPAGE followed by your policyholder number*

Option 3: Once-off annual payment via debit order YES NO

What date must we debit your account? _____

Please note that the date of your debit order must be within 30 days of your cover start date.

Reference *The word EQUIPAGE followed by your policyholder number*

YOUR PRIVACY

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing the declaration, you agree to the processing and sharing of your personal information.

DECLARATION BY POLICYHOLDER

1. **If you chose to pay your premium via debit order:** I authorise Hollard to debit my bank account with my premium on the premium collection date shown above.
 - I understand that if the first debit order is returned, the cover will not start and Hollard will not attempt another collection.
 - I agree that Hollard will pay any amount that is owed to me into the same bank account.
2. **If you chose to pay your premium via EFT/Direct deposit:** I agree that Hollard will pay any amount that is owed to me into the bank account details shown above.
3. I agree that the information included in the record of advice which I received with this application for insurance, is a true reflection of the advice I received from the Hollard agent.
4. I have carefully considered my needs, objectives and circumstances before accepting the quotation.
5. If a full short-term insurance needs analysis could not be conducted for any reason, I have been made aware of the risks and the potential limitation of the advice given. I understand that it is my responsibility to ensure that I carefully consider whether the limited advice given is appropriate for my needs, objectives and circumstances.
6. The Hollard agent explained all information set out in the record of advice and quotation to me, including:
 - Details of cover, exclusions and special conditions.
 - Premiums.
 - Consequences of providing false or incorrect information.
 - Details on how to complain.
7. If this policy replaces my current insurance policy, I confirm that the Hollard agent has explained the consequences of the replacement, including any differences in cover, exclusions, premiums, fees, terms and conditions.
8. I did not sign any blank or partially completed forms.
9. I confirm that the information I completed on this form is true and correct to the best of my knowledge.
10. I have not withheld any information that is likely to influence the decision of Hollard to accept my application for insurance.
11. I understand that Hollard may reject a claim or cancel my policy if I misrepresented or withheld any information.
12. I understand that this application for insurance will form the basis of the contract if Hollard accepts my application.

I ask Hollard to start cover for this horse on the below date, based on the cover and premium as set out in the quotation I received with this application.

Cover start date _____

Signed at _____ on this _____ day of _____ 20 _____

 Name and surname of policyholder

 Signature

Thank you for your application!

If we accept your application, we will send you the policy wording, policy schedule and acceptance letter.