

## 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

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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

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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

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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?

<b>Mortality cover</b>	YES	NO	Insured value of horse	R
				No excess
				10% excess
				15% excess
Critical care	YES	NO	Insured value per event (select option)	R20 000
				R30 000
				R40 000
				R50 000
				R60 000
				R70 000
				R80 000
				R120 000
Foetus cover	YES	NO	Insured value of foetus	R
Stallion infertility	YES	NO		
Loss of use	YES	NO		
Sasria cover	YES	NO		
<b>VIP Equine cover</b>	YES	NO		
<b>Liability cover</b>	YES	NO	Limit per event (select option)	R1 000 000
				R2 000 000
				R5 000 000
<b>Saddle and tack cover</b>	YES	NO	If YES, please complete the Saddle and tack section of this form.	
<b>Horsebox cover</b>	YES	NO	If YES, please complete the Horsebox section of this form.	
<b>Personal accident cover</b>	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

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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

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

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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

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

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

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

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**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 \_\_\_\_\_

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- |    |  |     |    |
|----|--|-----|----|
| 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:**

<b>Saddles</b>	Partial or total loss	R750	<b>Tack</b>	Total loss	R750
<b>Tack</b>	Partial loss	R250	<b>Saddles and Tack</b>	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 _____
_____	R _____
_____	R _____
_____	R _____
_____	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:**

<b>Horsebox</b>	5% of the claim amount value with a minimum of R750
<b>Theft of wheels and tyres</b>	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.**

<b>1. Name and surname</b>				_____
Gender	M	F	ID number	_____
Occupation	_____		Relationship to you	_____
<b>2. Name and surname</b>				_____
Gender	M	F	ID number	_____
Occupation	_____		Relationship to you	_____
<b>3. Name and surname</b>				_____
Gender	M	F	ID number	_____
Occupation	_____		Relationship to you	_____
<b>4. Name and surname</b>				_____
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? 1<sup>st</sup>    7<sup>th</sup>    15<sup>th</sup>

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.**