

Add-a-Horse Application Form

Attention: Membership – Hollard Equine Direct

Email to: membership@petsure.co.za or Fax to: 086 661 0992

Hollard.
equine direct

PLEASE COMPLETE THE FORM IN FULL

REQUIRED INFORMATION	TEL No (W / H): _____
FULL NAME: Mr/Mrs/Miss/Ms _____	CELL No: _____
EMAIL ADDRESS: _____	POLICY No: _____

DETAILS OF HORSE TO BE INSURED

HORSE'S NAME: _____

HEIGHT: _____ SEX: G S M COLOUR: _____

DOB: BREED: _____

Brand/Tattoo/Microchip Number No: _____

Address where horse is kept (stable or yard): _____

Is your horse registered? Y N If yes, state the Name of Organization and Membership No: _____

Please answer the following questions:

If you answer YES to any question, please provide further details on a separate sheet.

1. Has the proposed animal described suffered any accident, sickness, disease, lameness, colic, sprained tendons, been fired or denerved, operated on for wind or respiratory defects or been on any course of medication or received any veterinary attention? Y N
2. Has any Insurer ever declined a proposal, refused renewal, required special premiums or imposed special exclusions or terms? If YES, please give details and state which insurer. Y N
3. Have you made any claim or had a claim made against you which gave or could have given rise to a claim under this or similar insurance? Y N

NOTE: Please also supply a recent Certificate of Health and Identity (completed by a registered veterinarian)

DECLARATION

I warrant that all the particulars and statements above are true and correct, and contain all the information known to me affecting the risks under the Sections to be insured. I understand that these statements and particulars, and any other statement, written or oral, for the purpose of the proposed insurance shall be the basis of, and incorporated in, the contract between myself and PetSure / The Hollard Insurance Company Limited.

Acceptance of this insurance for any horse is at the discretion of the underwriters. We reserve the right to decline acceptance of a horse, to vary the conditions on which the insurance is accepted and to vary the conditions and premiums as stated in the Policy Document and Schedule of Benefits at any time. By completing and signing the Add-a-Horse Application Form you will be agreeing to Hollard Equine Direct Terms and Conditions as stated in the Policy Document and Schedule of Benefits. All the information is available on the website www.hollardequinedirect.co.za.

SIGNATURE: _____ DATE: _____



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