

# APPLICATION FORM

(WEBSITE DOWNLOAD)

Email to: [membership@petsure.co.za](mailto:membership@petsure.co.za) or Fax to: 086 661 0992

**Hollard.**  
equine direct

## OWNER DETAILS

Title: \_\_\_\_\_ Full Initials: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
I.D. No: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_  
Tel (h): ( ) \_\_\_\_\_ Tel (w): ( ) \_\_\_\_\_  
Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## DETAILS OF HORSE TO BE INSURED

Horse's Name: \_\_\_\_\_  
Height: \_\_\_\_\_ Sex:  G  S  M Colour: \_\_\_\_\_  
DOB:           Breed: \_\_\_\_\_  
Brand / Tattoo / Microchip No: \_\_\_\_\_  
Address where horse is kept (stable or yard): \_\_\_\_\_  
\_\_\_\_\_ Is your horse registered?  Y  N  
If yes, state the name of the organisation and membership no. \_\_\_\_\_  
Name of person responsible for horse: \_\_\_\_\_  
Tel 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 claim under this or similar insurance?  Y  N

## VETERINARY PRACTICE DETAILS

Name of Veterinary Practice: \_\_\_\_\_  
Vet's Name: \_\_\_\_\_  
Tel: ( ) \_\_\_\_\_

**NOTE: THIS INSURANCE IS SUBJECT TO RECEIPT OF A RECENTLY COMPLETED CERTIFICATE OF HEALTH AND IDENTITY PROVIDED BY A REGISTERED VETERINARIAN FOR INSURANCE APPLICATION**

## Where did you hear about Hollard Equine Direct?

<input type="checkbox"/>	Broker	Name Br. No	
<input type="checkbox"/>	Other	Details	

## Payment Methods - All premiums are inclusive of VAT

EFT (ANNUAL PAYMENTS ONLY)

If paying annually, please supply alternative banking details below for CLAIMS REFUND PURPOSES ONLY

## DEBIT ORDER DETAILS

Payment must be made on or before the 4th of each month. If two or more debit orders are returned, PetSure will not be held liable should the policy be automatically terminated or if claims incurred during this period are not paid.

## Tick Appropriate Bank Account:

Nedbank  FNB  Standard  ABSA

Investec  Capitec

Other Bank used (if not mentioned above) \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Name of Branch: \_\_\_\_\_

Account Type (Chq /Savings): \_\_\_\_\_

Month of 1st Debit Order: \_\_\_\_\_

26<sup>th</sup> (for the next month)  1<sup>st</sup>  4<sup>th</sup>

- I hereby authorise The Hollard Insurance Company Ltd to draw from my account the monthly subscription due in terms of the cover I have chosen, including VAT at the ruling rate.
- I may cancel this Debit Authorisation by giving one calendar month's written notice.

Date: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_

I authorise any veterinary surgeon who has treated my horse to provide the Insurer with any details regarding my horse's health they may require.

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 Benefits and Premium Schedule at any time. All the information is available on the website [www.hollardequinedirect.co.za](http://www.hollardequinedirect.co.za)

Policyholder's Signature:  \_\_\_\_\_ Date: \_\_\_\_\_



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**Hollard.**