

Policy No:	(Office Use Only)
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How do you want to pay?	
Choose your payment method:	
Monthly by direct debit	Please call for direct debit application
Monthly by credit card	Fill in credit card details below
Annually by credit card	Fill in credit card details below
Annually by cheque	Attach to proposal form and remit

Amount you are paying	Monthly	Annual
Premium - Total Monthly / Annual payment	\$	\$

Credit Card Details			
Visa Card	Monthly	Annually	
Mastercard	Monthly	Annually	

Card Number															
CCV				Card Expiry Date				/							
Card Holders Name:															
Card Holders Signature:															

Outlet stamp or name, address & contact details

Administrator

Petplan Australasia Pty Ltd ABN 64 069 468 542 AFSL No. 245663 is the sole Administrator of the Policy.

Petplan Equine® is a Registered Trade Mark, and products sold under this Trade Mark in Australia are sold exclusively by Petplan Australasia Pty Ltd under Licence to Petplan UK Limited

Head Office

1-3 Smolic Crt, Tullamarine, VIC 3043
 Ph: 1300 791 311 Fax: (03) 9339 3377
 info@petplan.com.au www.petplan.com.au

Insurer

Allianz Australia Insurance Limited
 ABN 15 000 122 850 AFSL No. 234708
 2 Market St, Sydney NSW 2000



sharing the care of your horse

Horse and Pony Insurance



Call today on
1300 791 311
petplan.com.au

Policy is subject to acceptance criteria, Policy Limits and Exclusions may apply. Please read the PDS for full details.

Policy terms and conditions apply and can be viewed on our website at www.petplan.com.au or requested by calling 1300 791 311

Your Choice of Cover

Basic cover - The 2 benefits below form the basis of all new policies (for horses aged between 30 days and not over 17 years of age) and are included automatically.

DEATH FROM ILLNESS OR INJURY

Designed to pay you the sum insured or market value (whichever is the lesser) of your horse if it dies or is euthanased on humane grounds following an illness or injury that occurs during the period of insurance. If value of your horse is \$10,000 or more a current vet certificate is required prior to cover being effected. Call 1300 791 311 for requirements.

SUM INSURED AMOUNT \$

Maximum Benefit
Sum Insured

LOSS BY THEFT OR STRAYING

Designed to pay you the sum insured or market value (whichever is the lesser) of your horse if it is lost or stolen. We will also pay up to \$600 towards the cost of advertising or offering a reward, to help trace your horse.

Additional Optional Benefits

To help us compile your quote tick the boxes beside the benefits you would like a quote on.

DISPOSAL

Pay towards the cost of disposal following death or euthanasia of the insured animal.

THIRD PARTY LIABILITY

Protects against costs arising should you be found legally liable for damage or injury caused by your horse.

SUM INSURED AMOUNT \$5m \$10m

We do not cover for incidents connected to your business or profession

The **Sum Insured** is the amount you insure your horse for and should represent its current market value. The **Excess** is the amount that you contribute towards the cost of a claim.

Veteran Horse Plan (For horses 17 yrs & up to 30 years)

Basic cover - The benefits below form the basis of all Veteran Horse policies for horses aged between 17 years and not over 30 years (for first time on cover) and are included automatically.

VETERAN OPTION A

- Death or humane destruction due to injury only
- Theft or straying plus \$600 for Advertising & Reward

Maximum Benefit
\$3,000

VETERAN OPTION B

- Death or humane destruction due to injury only
- Theft or straying plus \$600 for Advertising & Reward
- Vet fees following an injury to a maximum of \$2,000 in any one period of insurance or any one claim, whichever comes first

Maximum Benefit
\$3,000

PERMANENT LOSS OF USE

If your horse is permanently unable to participate in any insured activity following an injury or illness we will pay up to 60% or 100% of the sum insured or market value (whichever is the lesser). (Loss of use cover is only available to horses aged 2 yrs – 16 yrs old). A current vet certificate is required prior to cover being effected. Call 1300 791 311 for requirements.

Maximum Benefit
100%

Maximum Benefit
60%

VET FEES

Helping to cover the cost of veterinary treatment following injury or illness, includes diagnostic work, alternative treatment or remedial farriery on the recommendation of your vet.

There is no limit to the number of unrelated conditions you can claim for, to a maximum of \$10,000 in any one period of insurance or any one claim, whichever comes first. Please note that there is no cover for treatment relating to any injury or illness that your horse suffered before the start of your policy or any illness occurring in the first 21 days of cover.

Standard Cover
Maximum Benefit
\$10,000
Excess \$200

HiXS Cover
Maximum Benefit
\$7,000
Excess \$1000

SADDLERY & TACK

Replace or repair tack that is damaged or stolen.

SUM INSURED AMOUNT \$

Maximum Benefit
Sum Insured

FLOAT & HORSE DRAWN VEHICLES

Covers loss or damage and pays the cost of repair up to the sum insured or market value (whichever is the lesser) of the vehicle if it is stolen or destroyed.

SUM INSURED AMOUNT \$

Maximum Benefit
Sum Insured

Optional Benefits - Please tick & indicate sums insured

SADDLERY & TACK

Replace or repair tack that is damaged or stolen.

SUM INSURED AMOUNT \$

Maximum Benefit
Sum Insured

THIRD PARTY LIABILITY

Protects against costs arising should you be found legally liable for damage or injury caused by your horse.

SUM INSURED AMOUNT \$5m \$10m

We do not cover for incidents connected to your business or profession

Maximum Benefit
Sum Insured

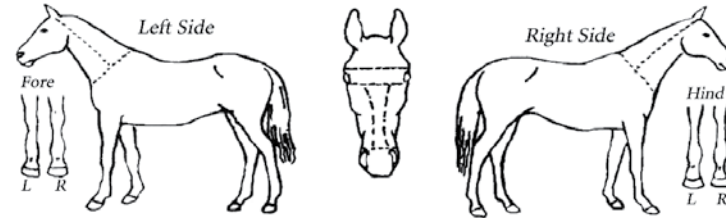
FLOAT & HORSE DRAWN VEHICLES

Covers loss or damage and pays the cost of repair up to the sum insured or market value (whichever is the lesser) of the vehicle if it is stolen or destroyed.

SUM INSURED AMOUNT \$

Maximum Benefit
Sum Insured

Policy Commencement Date / / to / /	Your Vet's Details
Policy No. (Office Use Only)	Name:
Your Personal Details	Address:
Surname: (Mr/Mrs/Miss/Ms)	Phone:
First Name(s):	Your Horses Details
Address:	Horse's Name:
Suburb: Postcode:	Breed:
Contacts - Mobile: Other:	DOB/Age: / / Sex:
Email:	Height: Colour:
Date of Birth: / /	Purchase Price:



Please complete showing all white markings, scars, whorls and brands

Have you made a claim or could you have given rise to a claim under this or similar insurance in the last five (5) years? (If answer is YES please give details on a separate sheet.)	Yes	No
Has any insurer ever declined a proposal, refused renewal or required special premium or imposed special exclusions or terms? (If answer is YES please give details on a separate sheet.)	Yes	No
Has proposed horse suffered any injury, illness or disease, been operated on, been on any course of medication or received any Veterinary attention? (If answer is YES please give details on a separate sheet.)	Yes	No
Has the Horse proposed for insurance suffered any injury, illness or disease which did not require any veterinary attention? (If answer is YES please give details on a separate sheet.)	Yes	No
Has the Horse proposed for insurance shown any aggressive tendencies or have any vices? (If answer is YES please give details on a separate sheet.)	Yes	No
Is the purchase price less than the sum insured or is the horse home bred? (If YES please give justification of value [events/results/levels of schooling/breeding/history] on a separate sheet.)	Yes	No
Will the horse proposed for insurance be transported within the next 14 days?	Yes	No

Please list ALL activities that the horse is used for:

Saddlery & Tack (Please complete this table if cover is required)

List saddles & other tack including Sum Insured:

Horse Trailer/Float		Horse Drawn Vehicles	
Make & Model:	Year:	Make & Model:	Year:
Carry Capacity: kgs	Roadworthy: Yes / No	Year	
Reg No:	Sum Insured:	Reg No:	
VIN:		VIN:	
Does the float have any damage? Yes / No (If yes please give details on separate sheet)		Sum Insured:	

Declaration & Signature

Declaration – I/We declare that I/We have:

- Received a copy of the policy wording and product disclosure statement or viewed them at www.petplan.com.au/equinePDS;
- Read the information concerning the duty of disclosure and other important notices;
- Answered every question fully & frankly;
- Either completed this proposal form personally or, if it has been completed by somebody else, have checked the questions have been fully and accurately answered;
- The Horse that is being proposed for insurance is in sound state of health and the sums stated represent their full value;
- I/We authorise any Vet to supply Petplan my horse's complete medical history or to supply details of claims and other relevant information;
- I acknowledge that I have read and understood the Privacy Act 1988 information and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this proposal, with their approval.

Applicant's Signature(s)

Date / /