

DECLARATION OF HEALTH:

Alpaca

(TO BE SIGNED BY THE OWNER OR PERSON RESPONSIBLE FOR THE ANIMAL)

Marsh Equine and Livestock

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New Zealand
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Owners		
Policy Number		
Period of Insurance	From	To:

Please read this form carefully. If you are in doubt, submit a current veterinary certificate.

Complete the first section and indicate 'Yes' or 'No' to the questions, giving full details where necessary.

Items to be Insured						
Name:	Reg number	Sex:	D.O.B	Majority Location	Use:	Sum Insured (inclusive of GST):
1.	Are the above alpaca(s) at present <u>normal</u> in eye, wind and action to the best of your knowledge? If NO give details:					<input type="checkbox"/> Yes <input type="checkbox"/> No
2..	Have there ever been any instances of facial eczema at the locations where the above animal(s) are kept or will be kept? If YES give details of when the outbreak occurred and how many animals were lost? If YES give details of measures taken to prevent a re-occurrence.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have there ever been any instances of haemonchus contortus (barber's pole worm) at the locations where the above animal(s) are kept or will be kept? If YES give details of when the outbreak occurred and how many animals were lost. If YES give details of measures taken to prevent a re-occurrence.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have any of the above alpaca(s) suffered from colic or any other related illness at any time to the best of your knowledge? If YES give details: If YES have the animals made a complete recovery?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any of the above alpaca(s) suffered from any illness, injury, disease or undergone any surgery at any time to the best of your knowledge? Do they have any blemishes? If YES give details: If YES have the animals made a complete recovery?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has there been any evidence of contagious or infectious disease during the past twelve months at the location(s) where the animal(s) are kept? If YES give details:					<input type="checkbox"/> Yes <input type="checkbox"/> No

The Declaration on page 3 must be signed and dated to be acceptable.

Please read the important information over the page.

INSURED'S DUTY OF DISCLOSURE

The duty of disclosure is an important legal requirement that applies to insurance.

When you apply for insurance you have a legal duty of disclosure. Before we can consider providing cover, you must disclose to us everything known to you which is relevant to:

- our decision to insure your animal/s;
- the terms on which we insure you.

The duty applies to each Insured.

The duty also applies when you seek to enter into, renew, change or reinstate a policy.

Examples of information you may need to disclose include:

- any change in the animals **use** or **activities**;
- any cancellation, refusal to renew insurance, or imposing of special terms by another insurance company;
- any change in the animal's health or injuries suffered;
- any insurance claims you have made in the past.
- any criminal offence;

What happens if you fail in your Duty? If you don't make this disclosure Insurers may:

- refuse or reduce a claim;
- cancel the Cover;
- in some cases, treat the Cover as having never operated.

If you are in doubt it is better to give us the information rather than take the risk of failing in your duty of disclosure.

YOUR DUTY OF DISCLOSURE: You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete. You have a duty to disclose to us all material facts that we may rely on when setting the terms of the policy or accepting coverage.

IF YOU DO NOT TELL US SOMETHING: If we establish that you have failed to comply with this duty of disclosure or provided us with incorrect or incomplete information that we have relied upon when accepting this coverage, we may refuse to pay your claim or reduce the amount payable to you. If the non-disclosure is fraudulent then we may treat your policy as if it never existed and decline all claims.

PLEASE ENSURE THAT YOU HAVE CHECKED WITH YOUR REGULAR VETERINARY SURGEON / TRAINER / PERSON RESPONSIBLE FOR DAY TO DAY CARE OF THE HORSE BEFORE SIGNING AND RETURNING THIS FORM.

VETERINARY CERTIFICATES

Veterinary Surgeon's Certificate of Health on the NZVA recommended Certificate format is required for:-

1. **ANIMALS** – All Alpacas valued over \$28,750 or over 12 years of age is not available unless agreed upon individual application.
2. **CRIAS** – Cover is available on Crias once they are over 30 days old. Veterinary Certificates are required for all Crias aged from 30 to 90 days old.

NB – Veterinary Certificates are not required on animals purchased at auction that are insured from fall of hammer

Veterinary certificates as specified above must be available and acceptable to Marsh at the inception of the Policy if full risks of mortality cover is required. In the absence of these documents, cover will be limited to death by accident only.

CLAIMS – 24 HOUR SERVICE

In the event of death or any life threatening lameness, illness, accident, disease, you or your Representative or any person who has care, custody or control of your animal/s should give immediate notice to:

Marsh, PO Box 547, Cambridge, New Zealand

Telephone: 0-7-827 7071 Mobile: 021-241-4772

Fax: 0-7-827 7072

Email: equine.livestock@marsh.com

POST MORTEM

In the event of the death of an animal, it is a Policy requirement that a Post Mortem/Autopsy be immediately carried out at the Insured's expense. To assist with identification, registration number, colour etc. should be noted.

OPERATIONS - Any surgical procedure must be carried out by a registered Veterinary Surgeon.**(a) Castration, Bone Chip etc.**

All operations must be notified at least 24 hours prior to the operation being performed.

(b) Life Saving Operations

Must be performed as quickly as possible and notification given immediately. A second veterinary opinion should be obtained.

BINDING AUTHORITY STATEMENT

Marsh are acting in an underwriting capacity on behalf of Certain Underwriters at Lloyds who, under an Underwriting Agency Agreement, have given Marsh authority to act on their behalf in respect of this insurance.

DECLARATION

I/We have read and understood the Duty of Disclosure as set out in this form and I/We hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which would materially affect this insurance has been withheld.

SIGNED:
(OWNER / MANAGER)

DATE:

NB: THE INFORMATION GIVEN IN THIS DECLARATION FORMS THE BASIS OF THE INSURANCE CONTRACT AND INCORRECT ANSWERS COULD INVALIDATE THE POLICY.

FOR OFFICE USE ONLY

Policy Holder: _____

Policy Sector: _____