

REQUEST A QUOTE:

Alpaca

Marsh Equine and Livestock

26 Dick Street
PO Box 547
Cambridge, 3434
New Zealand
Tel +64 (0)7 827 7071
Fax +64 (0)7 827 7072
equine.livestock@marsh.com

YOUR CONTACT DETAILS			
The applicant(s) (Full Name of Owner / or Owners):			
Address:			
Town/City:		Postcode:	
Email address		Ph No.:	
Cell Ph No:			
Have you ever made an alpaca insurance claim against any policy in the past 5 years? If so please give an estimate claim amount and details.			

ALPACA DETAILS			
Insurance type	Supreme <input type="checkbox"/>	Transit	Cria <input type="checkbox"/>
Animal name	Stud Male Disability <input type="checkbox"/>		
Location	Registration Number		
Breed			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Year of birth			
Use			
Sum Insured including GST			
Has this alpaca sustained any injuries, illnesses or have any conformational abnormalities that you are aware of? If so, please give as much detail as possible.			

ALPACA DETAILS			
Insurance type	Supreme <input type="checkbox"/>	Transit	Cria <input type="checkbox"/>
Animal name	Stud Male Disability <input type="checkbox"/>		
Location	Registration Number		
Breed			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Year of birth			
Use			
Sum Insured including GST			
Has this alpaca sustained any injuries, illnesses or have any conformational abnormalities that you are aware of? If so, please give as much detail as possible.			

Please provide any additional information you feel the insurer should know to provide you with an accurate quote:

From 1 October 2016 all sum insured's limits, excesses and premiums include GST. This will be shown on your invoice and policy schedule. Please ensure the sum insured reflects the GST inclusive amount. If you are GST registered for your alpacas, please advise Marsh of your GST registration number and update the name of the insured if required.

☐ I would like to receive emails from Marsh regarding insurance products and promotional offers. Contact details held by Marsh will not be passed onto any third parties.

DECLARATION

All information given in the support of the proposal, whether oral or written is true and correct. I/we have disclosed to the underwriters all material facts required by law. If accepted, this quotation shall be the basis of the contract and incorporated into the Insurance Certificate. Underwriters reserve the right to place exclusions/warranties on any insurance issues on this application. Note: Any insurance certificate issued on this application will not cover any pre-existing conditions of the animal(s) to the insured.

SIGNED:
(OWNER / TRAINER / MANAGER / STUD MASTER)

DATE:

FOR OFFICE USE ONLY

Policy Holder: _____

Policy Sector: _____