

i) To my knowledge there is not currently nor has there been in the past 12 months any contagious or infectious disease in the neighbourhood of the premises where the HORSE is located.

j) The HORSE is located within 30 miles of veterinary facilities for major operations.

IF YOU HAVE TICKED ANY OF THE SHADED BOXES GIVE FULL DETAILS ON SEPARATE SHEET PROVIDED.

LMA9009 26 November 2007

SCHEDULE OF HORSES PROPOSED FOR INSURANCE (Please use extra pages if required)

Particulars of HORSE:

Name/Breeding:

Use:

Age:

Sex:

Breed:

Proposed Sum Insured:

Please provide basis and full justification of value including any relevant show, racing or breeding records.

If purchased please specify date and price:

Location, name of trainer/stud farm (if applicable)

Name of your attending VETERINARY SURGEON and distance from HORSE location.

DATA PROTECTION ACT 1998

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and handling of any claims which may arise under it, Underwriters may need to transfer certain information which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

DECLARATION

The above named horses are owned by me and, to the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. Any change in material facts must be notified to the Underwriters. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: if you are in any doubt as to whether a fact is material or not you must disclose it in this space below or on a separate sheet attached).

If separate sheet(s) or annexes have been attached, please indicate how many in this box.

This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding whether to accept this insurance. Should a contract of insurance be concluded this proposal will form the basis of the insurance.

Subject to acceptance by Underwriters, when would you like the insurance to commence.

Date

Signature of proposer:

Date

ANNEX [ADDITIONAL EQUINE PROPOSAL QUESTIONS]

NOTE: PLEASE COMPLETE SECTIONS A,B AND C AS APPLICABLE.

SECTION A

SPECIAL QUESTIONS: BREEDING STALLIONS

In respect of the HORSE state

- a) Dates of beginning and ending of service season.
- b) Present stud fee.
- c) Stud fee last season.
- d) Number of own mares served last season.
- e) Number of other mares served last season.
- f) On what basis is the stud/service fee charged?
- g) Amount actually earned in last full season.
- h) Amount actually earned in current season to date.
- i) Bookings for remainder of current season.
- j) Expected bookings for next season.
- k) Live foal fertility percentage for the last three seasons.
- l) If the horse is used for AI, please give details of any stored semen and/or plans to store semen during the policy period.

SECTION B

SPECIAL QUESTIONS: BROODMARES

- a) Last service date.
- b) Location of last service including name of stallion.
- c) Stud fee paid and terms.
- d) Progeny record of mare for the last five years.
- e) Does the mare have any history of abortion or stillbirth?
If yes, give details
- f) Is the mare used for embryo transfers?
If yes, as a recipient or donor?

SECTION C

SPECIAL QUESTIONS: RACEHORSES

Has any HORSE been entered for or raced in any claiming or selling race during the past twelve months?

If yes, state which HORSE(S) and please give details.

SECTION D

RACING/SHOW RECORD during twelve months immediately prior to this proposal:

PLEASE ATTACH PRINTOUT OR COMPLETE THE SECTION BELOW.

Name	Competition/Race	Date	Placings	Total amount won

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Date