

Equicover Proposal Form

IMPORTANT NOTICE					
<ul style="list-style-type: none"> We rely on the information shown below in deciding to offer you insurance, and to calculate your premium. Every question asked of you that is recorded in this document is material to that purpose. You are required by law to answer questions honestly and with reasonable care Failure to disclose all material information may result in your insurance being declared void any such claims you or others may have may not be paid, of if we have paid them, they maybe recovered from you. The most common cause of such action is a failure to properly consider the record of claims or convictions, please consider these questions thoroughly. If you are unsure or do not understand any part of this document, please seek assistance from the intermediary arranging this policy for you, or a trusted advisor such as a family member or friend. If someone else has helped you answer any of the questions asked of you, you agree that that person is your agent for that purpose, and you are still responsible for the truth of the information detailed below. You should also keep your own record (including copies) of all information supplied to us in arranging this Insurance. A copy of this Proposal Form is available on written request within three months from the date of the proposal. The policy you are buying contains conditions and exclusions to cover. These can be found in writing on our website at www.ornellaunderwriting.ie in the Bloodstock section. Your broker should be able to answer any questions or concerns you have about these exclusions If your horse is valued at €10,000 or more, please enclose a Veterinary Certificate dated no more than thirty days prior to the date of this Proposal Form. 					
YOUR DETAILS					
Full Name:					
Address:				Eircode:	
Occupation:					
Date of Birth:				Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Home Telephone:		Work Telephone:		Mobile:	
Email:					
Name of Vet:					
Location of Stable:				Start Date of Policy:	
COVER REQUESTED (please tick all that apply)					
Standard Cover <input type="checkbox"/>		Stallion Permanent Disability <input type="checkbox"/>		Life Saving Surgery: €3,000 <input type="checkbox"/> €6,000 <input type="checkbox"/>	
DETAILS OF HORSE TO BE INSURED					
Name:					
Height	Sex	Age	Colour	Date of Purchase	
Purchase Price		Sum Insured		Competition Points	
<i>If the sum insured exceeds the purchase price please give the reason under Further Info Section.</i>					
USE OF THE ANIMAL					
At Stud <input type="checkbox"/> Breeding <input type="checkbox"/> Dressage <input type="checkbox"/> Foals (30 days to 12 months) <input type="checkbox"/> Gymkhanas <input type="checkbox"/> Hacking <input type="checkbox"/> Heavy Horses <input type="checkbox"/> Hunter Trials <input type="checkbox"/> Hunting <input type="checkbox"/> Long Distance Riding <input type="checkbox"/> Novice Eventing <input type="checkbox"/> Polo Crosse <input type="checkbox"/> Pony Club Events <input type="checkbox"/> Rearing <input type="checkbox"/> Show Jumping <input type="checkbox"/> Showing <input type="checkbox"/> Unbroken Animal <input type="checkbox"/>					
Excludes Horses used for racing					
MICRO-CHIP OR PASSPORT NUMBER OF HORSE					

You must make reasonable enquires about the horse where necessary before answering the questions. You must answer the questions fully, honestly and to the best of your knowledge.		
Has the horse ever suffered from any form of colic or other intestinal or digestive disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the horse ever undergone abdominal surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the horse ever undergone any other surgery (including castration within the last twelve months)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the horse ever suffered from any lameness, fractures, tendon or ligament injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the horse ever suffered from melanomas, sarcoids, warts or any other type of growth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the horse ever had any other accident, illness or disease other than those mentioned in the above questions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In the last twelve months has there been any contagious or infectious disease in the location where the horse is kept?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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In the last twelve months has the horse received attention from any Veterinary Surgeon or Paravet for any reason other than routine vaccination or obstetric work, or received any other form of treatment for remedial purposes including farriery or shockwave therapy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the horse ever received steroidal, non-steroidal anti-inflammatory or analgesic medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the horse ever shown any vicious tendencies or vices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In the last five years has any insurer ever declined to insure or renew a policy, or imposed special terms in relation to any equine mortality, equine third party liability or equine personal accident insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you suffered any loss or had any claim made against you which gave or could have given rise to a liability or personal accident claim under this or similar insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you have answered YES to any of the above, please provide details in the Further Info section.</i>		

Is the horse currently normal in conformation, eyes heart, wind and action and in good health, and does it therefore represent a normal risk for the proposed insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the horse been regularly wormed and inoculated against tetanus flu?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the horse been insured before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you have answered No to any of the above, please provide details in the Further Info section.</i>		

FURTHER INFO		

Insurance is Required from			
Date:		Time:	

Declaration			
I declare that the above named horse is owned by me and the answers in this Proposal Form, whether in my hand or not, are correct and complete in every respect to the best of my knowledge and belief. I understand that if a policy is issued, the terms and premium will be based on the information I have provided in this proposalform. I understand that a failure to provide full and accurate information may invalidate my insurance cover and may result in all or part of a claim not being paid.			

Date:		Signature:	
Ornella Underwriting Limited reserves the right to decline any proposal.			

DATA PROTECTION

- Ornella Underwriting Limited and the Insurers for whom we act will hold personal data you provide in accordance with all current and applicable data protection laws and principles.
- Personal Data means data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information.
- In order to provide insurance quotes, administer insurance policies and deal with any claims, Ornella Underwriting Limited and Insurers for whom we act need to collect and process personal data about you. If you do not provide the information we need, we may not be able to offer you a quote or provide services to you.
- The types of personal data that are processed may include: -

Category	Types of Data Collected
Individual details	Name, Address, Date of Birth, Marital Status, driving licence particulars, vehicle details, occupation, relevant criminal convictions and penalty points.
Identification details	Identification numbers issued by government bodies or agencies including your Driving Licence Number.
Anti-fraud data	Anti-fraud data such as sanctions and criminal offences and information from various anti-fraud and claims databases related to you or any other person to be covered by this policy.
Special categories of personal data	Certain categories of personal data which have additional protection under EU data protection law.
Claims information	Information about previous and current claims (including other unrelated insurances), which may include data relating to your health (e.g., injuries and pre-existing conditions), relevant criminal convictions, or other special categories or personal data mentioned above.
Risk details	Information about you which we need to collect in order to assess the risk to be insured and provide a quote. This may include data relating to your health, relevant criminal convictions, or other special categories or personal data.

- By providing us with your information and proceeding with this contract, you consent to all of the information you have provided being used, processed, disclosed, transferred and retained for the purposes of underwriting, processing, claims handling and fraud prevention. If other people are to be covered by this policy, you have their consent to provide their information, and their information may be used for the purposes stated above as if their information was yours.
- We may hold and share information about you and any other person's personal data that you have provided with our agents and service providers, other insurers and their agents, any intermediary who acts or acted for you, recognised trade, governing bodies (of which we are a member or by whom we are governed), and An Garda Síochána or other appropriate law enforcement bodies in other jurisdictions. This includes the Insurance-Link database and Insurance Ireland's anti-fraud claims matching database. We may also use private investigators to investigate a claim.
- Information you supply may be used by us and our partners (both inside and outside the European Economic Area) for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention).
- Ornella Underwriting Limited and the Insurers reserve the right to confirm driving licence details with the appropriate licence authority.
- A copy of the Ornella Underwriting Limited Data Protection and Privacy Policy can be viewed on our website www.ornellaunderwriting.ie or requested in writing to the Data Protection Officer at Ornella Underwriting Limited, The Bushels, Cornmarket, Wexford.
- You have a right of access to and a right to rectify data concerning you under the current Data Protection legislation. Should you wish to exercise this right, please write to the Data Protection Officer, Ornella Underwriting Limited, The Bushels, Cornmarket, Wexford.