



STRATEGIC INSURANCE SYSTEMS
UNDERWRITING MANAGERS

SECURE EQUINE APPLICATION FORM

Cover: Death as a result of: Accident/Sickness/ Or Disease

Dressage/Show Jumping/ Endurance/ Polo (CIRCLE CORRECT ONE)

1. Name of trust/business/individual:
Naam van trust/besigheid/individu: _____

2. Position/role:
Posisie/Hoedanigheid: _____

3. Surname:
Van: _____

4. Full name:
Volle naam: _____

5. ID Number/ Registration Number:
ID Nommer / Registrasie Nommer: _____

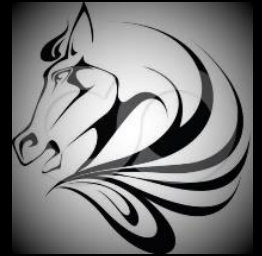
6. Physical address where horse will reside:
Fisiese Adres waar perd gaan wees : _____
Code: _____ Province: _____
Kode: _____ Provinsie: _____

7. VAT number:
BTW-nommer: _____

8. Telephone:
Telefoon: Code: _____ Home: _____ Work: _____
Kode: _____ Huis: _____ Werk: _____

9. Cellular:
Selluler: _____

10. E-mail:
E-pos: _____



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11. Horse Name /Naam van perd	Age/Ouderdom	Use/ Gebruik	Versekerde Waarde/ Insured Value	Sex/Geslag
a)				
b)				
c)				
d)				

12. Period of insurance: From: _____ To: _____
 Periode van versekering: Van: _____ Tot: _____

13. Has any insurer cancelled, or refused to renew your equine insurance? Yes: _____ No: _____
 Is enige versekering al ooit gekanselleer of geweier? Ja: _____ Nee: _____

14. Are the horses owned solely by you? Yes: _____ No: _____
 Is u die alleen eienaar van die perd(e)? Ja: _____ Nee: _____

15. Have you lost an animal(s) due to illness, injury, disease or accident within the last 3 years? Yes: _____ No: _____
 Het u enige dier(e) verloor a.g.v. siekte, kwaal, besering of ongeluk in die laaste 3 jaar? Ja: _____ Nee: _____

If YES, provide full details:
 Indien JA, verskaf volle besonderhede:



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DECLARATION OF HEALTH FOR INSURANCE

All questions to be completed

Vet certificates required

1) Has the above horse/s suffered from Colic or any related illness in the last 12 months or at any time to the best of your knowledge YES/NO. If YES give details:

2) Has the above horse/s suffered any Accident/Illness or Disease, and undergone any surgery at any time to the best of your knowledge. If YES give details.

3) Has there been any evidence of contagious or infectious disease during the past 12 months at the Stable / Farm where the horse/s are kept. If YES give details.

4) Has the above horse/s been fired/Blistered/Nerved/Operated on or received treatment for lameness other than sore shins. If YES give details.

5) Has the above horse/s suffered at anytime from Melanoma's Acaroids, Warts or any other type of growth. If YES give details.

6) Is the above horse/s at present normal in the eye's wind and action to the best of your knowledge and does it in your opinion represent a normal risk for the insurance that is been proposed. If NO give details.

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Strategic Insurance System (Pty) Ltd (Reg No 1998/05857/07) is underwritten by Mutual and Federal Risk Financing Limited, Registration Number 1966/10741/06. A licensed Non-Life Insurer | Unit 35 Oxford Office Park, 3 Bauhinia Street, Highveld Techno Park, 7441 T: 012 667 2441 | E: SecureAnimal@stratsys.co.za.co.za | www.stratsys.co.za | Strategic Insurance Systems (Pty) Ltd is an authorised financial service provider FSP No. 1007

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MUTUAL & FEDERAL | risk financing

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7) If you have lost any animal/s in the past 3 years state date, cause, and whether a claim was made YES /NO

8) Distance from where the animal/s is stabled to the nearest VETERINARIAN.

I hereby certify that to the best of my knowledge and believe that the above particulars are true and correct, and that NO information which would materially affect this insurance has been withheld.

Signed _____ Date _____
Signed (Owner / Veterinarian Surgeon)

**THE INFORMATION GIVEN IN THIS DECLARATION, FORMS THE BASIS OF THE INSURANCE CONTRACT,
INCORRECT INFORMATION COULD INVALIDATE THE POLICY.**