

Application form

Horse insurance

New insurances are only issued for animals that are older than 1 day (3 years for Broodmare- and Stallion infertility insurance) or younger than 15 years old.

Vátryggingafélag Íslands hf
Ármúla 3, 108 Reykjavík, 560 5000
kt. 690689-2009, www.vis.is



To be filled out by the policyholder

All questions in 1.0 - 5.0 have to be answered.

1.0

Policyholder	_____	ID No.	_____
Address	_____	Postcode	_____
Telephone	_____	Email	_____
		Town/City	_____
		Country	_____

2.0

Name and origin of the horse	_____	<input type="checkbox"/> Mare	<input type="checkbox"/> Horse	<input type="checkbox"/> Gelding			
Birth date	_____	Pedigree no.	_____	Horse RFID	_____	Freeze brand	_____
<input type="checkbox"/> Riding	<input type="checkbox"/> Competition	<input type="checkbox"/> Breeding	<input type="checkbox"/> Other	_____			

Other information is obtained from Worldfeng.

3.0

Application for:

<input type="checkbox"/> Thoroughbred Insurance	amount of insurance coverage according to policy
<input type="checkbox"/> Riding Horse Insurance	amount of insurance coverage according to policy
<input type="checkbox"/> Broodmare Insurance	amount of insurance coverage _____ ISK
<input type="checkbox"/> Limited Equine Mortality Coverage	amount of insurance coverage _____ ISK
<input type="checkbox"/> Stallion Infertility Insurance*	amount of insurance coverage _____ ISK
<input type="checkbox"/> Medical Costs Insurance	
<input type="checkbox"/> Liability Insurance	

*Can only be purchased as an additional coverage to mortality insurance policy

4.0

Do you think that the horse is healthy and uninjured? Yes No

If No, then please state the disease/accident and the duration _____

Information about health will be provided by _____

Check if the horse has suffered from any of the following diseases or has suffered injuries

<input type="checkbox"/> Equine colic	<input type="checkbox"/> Infection of the respiratory tract	<input type="checkbox"/> Laminitis	<input type="checkbox"/> Has had lameness
<input type="checkbox"/> Other diseases/injuries _____			

If the horse has been ill or been injured, explain further and specify _____

Has there been an attempt to foal the mare? Yes No

If the answer is Yes, then detail when this occurred and what the results were _____

5.0

Has any other insurance company declined an application to insure the horse? Yes No

If yes explain what happened _____

6.0

Other matters that the insurance policy applicant wishes to address _____

7.0

Does the animal have a valid policy with another company? Yes No Should that policy be canceled? Yes No

If yes then please fill out a cancellation form. Cancellation is only sent if application for an insurance is accepted by VÍS.

Certificate from a vet is required for all Thoroughbred-, Riding horse-, Broodmare-, Stallion Infertility- and Limited life insurance where the sum insured is higher than 1.000.000 ISK.

Certificate from a vet is required for all Medical cost insurance if the animal is older than 5 years old.

Certificate form a vet can not be more than 30 days old.

I hereby declare that the information provided in this application document is correct and according to the issuer's best knowledge and that no information has been withheld. I am aware that this information constitutes the grounds for the terms and conditions, for the premium and for the deductible, and that I am required to inform the Company of any change regarding this information. I have read the terms and conditions of the insurance policy, and I agree to them. I am furthermore aware that the insurance does not enter into force until the application has been approved by the Company and that it will then become a part of the insurance contract if such a contract should be concluded. I am aware that this provision of information is in compliance with my obligations under the Act on Insurance Contracts No. 30/2004.

Please be advised that false information may lead to loss of insurance compensation.

The Company reserves the right to decline the application without any further reasoning

Signature of person who provides health information concerning the horse

Date and place

Signature of the policyholder