



SEIB Insurance Brokers Limited  
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## DECLARATION OF HEALTH FOR HORSES/PONIES

### TO BE COMPLETED BY THE POLICYHOLDER(S)

You must take reasonable care not to make a misrepresentation to the insurer.

This means that all the answers you give and statements you make at the renewal of your insurance should be honest and accurate.

If the insurer establishes that you deliberately or recklessly provided false or misleading information, they will treat your Policy as if it never existed and decline all claims.

If the insurer establishes that you carelessly provided them with false or misleading information it could adversely affect your Policy and any claim. For example, they may:

- treat this Policy as if it had never existed and refuse to pay all claims and return the premium paid. The insurer will only do this if they provided you with insurance cover which they would not otherwise have offered;
- amend the terms of your insurance. The insurer may apply these amended terms as if they were already in place if a claim has been adversely impacted by your carelessness;
- reduce the amount the insurer pays on a claim in the proportion the premium you have paid bears to the premium they would have charged you;
- cancel your Policy in accordance with the Cancellation Rights as outlined in the Policy Document.

SEIB will contact you if the insurer:

- intends to treat your Policy as if it never existed; or
- needs to amend the terms of your Policy.

If you become aware that information you have given us is inaccurate, you must inform us as soon as practicable. Changes to the information you have provided may result in you having to pay an additional premium or us amending the terms of your insurance.

Horse Name(s).....

1. Has/have the horse(s) ever undergone or required any veterinary attention or medication (other than for routine dental care and vaccinations)?
2. Has/have the horse(s) ever suffered from or shown symptoms of poor health, illness, injury, wounds or lameness whether or not veterinary attention was received or resulted in an insurance claim?
3. Has/have the horse(s) ever received attention or treatment (other than routine care) from a physiotherapist or other paraprofessional such as a farrier, equine podiatrist, equine dental technician or chiropractor?
4. Has/have the horse(s) ever suffered from or shown symptoms of colic, peritonitis, gastric ulcers or any other gastro, intestinal or digestive problems?

5. Has/have the horse(s) ever suffered from melanomas, sarcoids, warts or any other type of growth or skin issue?
6. Has/have the horse(s) ever suffered from any foot problems such as, but not limited to, laminitis, navicular disease, foot abscesses/infections or rotated pedal bones?
7. Has/have the horse(s) ever been fired, blistered, denerved, received joint injections (whether for maintenance or not) or required veterinary attention for any lameness, fractures, joint disease, arthritis or tendon/ligament problems?
8. Has/have the horse(s) ever suffered from any tooth or gum problems such as, but not limited to, fractures, infections, diastemas, abscesses or periodontal disease?
9. To the best of your knowledge is/are the horse(s) sound, in good health and normal in eye, wind & action?

If you have answered 'Yes' to Questions 1- 8 or 'No' to Question 9, please provide full details below:

We will review the information you have provided and confirm whether any changes to your cover will be needed from the renewal of your insurance. You can continue to renew or if you would like to discuss the cover we can provide before renewing your policy, please call our Equestrian Team on 0345 4500 652.

I/We declare that the horse(s) are sound and that all statements made in this Declaration of Health and all answers given above are correct to the best of my/our knowledge and belief. I/We understand that the Underwriters have relied upon these statements and answers to provide the terms and conditions of this insurance contract and calculate the premium payable and I/We understand that failure to provide correct information or answer questions truthfully can result in a claim being denied and the Policy being cancelled. I/We are over the age of 18.

Date:

I am the policyholder

Print Name:

Broker Reference:

Please save and return the completed Declaration to:

- Email to [equineuw@seib.co.uk](mailto:equineuw@seib.co.uk) or;
- Post to SEIB Insurance Brokers Ltd, South Essex House, North Road, South Ockendon, RM15 5BE.