EQUINAXY
74-78 Rue Anatole France
92300 LEVALLOIS PERRET

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PROPOSAL FORM
HORSE MORTALITY INSURANCE

SUBSCRIBER

Last name, First name / Company:_____

Adress : _____ City :_____ Country :_____

Date of birth :_____ Country of birth :_____

Téléphone : _____ Adress mail : _____

Profession : _____

Are you the owner of the horse to be insured: _____ what proportion: _____%

If you are not a 100% owner, please indicate on whose behalf you are acting and the corresponding %:
_____

HORSE TO INSURE

Name of horse:_____ Passeport number: _____

Sire : _____ Dam : _____

Date of birth : ___/___/___ Sex: _____ Bred : _____

Use : _____

If the horse is a brood mare, please indicate the name of the stallion who covered her, the date and the price of the covering:

Horse's usual place of breeding: _____

Total value of horse : _____

Declared value for insurance _____ euros representing my share or _____ % of the total value

In the last twelve months, has this horse been treated by a veterinarian following an illness or accident? :
☐ YES ☐ NO

If you answer yes, please send us a detailed report from your attending veterinarian.

LES GARANTIES

I choose to subscribe to the following options in addition to the Mortality Pack:

LIGHT Veterinary Fees ..... ☐
OPTIMALE 1 Veterinary Costs ..... ☐
OPTIMALE 2 Veterinary Costs ..... ☐
OPTIMALE 3 Veterinary Costs ..... ☐
Vital Emergency Surgery Costs 2000€ ..... ☐
Vital Emergency Surgery Costs 4000€ ..... ☐
Vital Emergency Surgery Costs 6000€ ..... ☐
Vital Emergency Surgery Costs 10 000€..... ☐
Permanent and Total Validity following an accident..... ☐
Permanent and Total Validity..... ☐
Fitness for total and definitive reproduction of the accident Standard..... ☐
Fitness for reproduction at temporary risk of Standard..... ☐
Adoptive Mother Renta Expenses ..... ☐

YOUR DECLARATIONS

You declare :

- You are aware of the terms and conditions governing the processing of your personal data, as described in the information sheet and the General Provisions.
- You have been informed, in accordance with article 32 of the modified law of January 6, 1978, of the compulsory nature of the answers to the questions asked for the establishment of the special provisions, as well as of the consequences which could result from an omission or a false declaration provided for in Articles L113-8 (nullity of the contract) and L113-9 (reduction of compensation) of the Insurance Code.
- Authorize the Broker and the Insurer, who are responsible for the processing of data for the purpose of taking out, managing and fulfilling the insurance contract, to communicate these answers, as well as any personal data they may collect in the course of managing or fulfilling the contract, to their insurance intermediaries, reinsurers, authorized professional bodies and subcontractors, insofar as such transmission is necessary for the management or fulfillment of the contract. -
- You are aware that, in accordance with the amended French Data Protection Act of 16/01/1978, you have the right to access and rectify any information concerning you by contacting EQUINAXY 74-78 rue Anatole France 92300 Levallois Perret. You also acknowledge that you have been informed that the data collected may be used by the broker and the insurer for commercial prospecting purposes. You may object to this by writing to us. - -
- That you have received a copy of the General Provisions DG - EQUINAXY - 01/2025, or have read them on the website www.equinaxy.com, and that you accept their content without restriction or reservation.
- That all answers and declarations made in the present document, to enable the insurer or its representative to make a fair assessment of the risk, are sincere and to the best of your knowledge accurate. Any concealment in these declarations may result in the sanctions provided for in Articles L113-3 (nullity of the contract) and L113-9 (reduction of the indemnity) of the French Insurance Code.

Done at : **The :**

Signature :