



Logan Livestock Insurance Agency Pty Ltd

ABN 81 001 826 204

www.logans.com.au

AFS Licence No. 238959

LEVEL 3, 357 MILITARY RD, CREMORNE TELEPHONE: (02) 9909 1499 FAX: (02) 9909 8057

Correspondence: P.O. BOX 360, CREMORNE NSW 2090 AUSTRALIA email: postmaster@logans.com.au

QUOTATION REQUEST FORM

Personal information we collect from or about you is for the purpose of insurance. Such information may be disclosed to and/or collected from others in the course of that insurance. You can choose not to provide personal information, however we may therefore be unable to provide insurance cover or process claims. Please contact us if you wish to obtain a copy of our Privacy Policy or should you wish to update or access the information we hold about you.

To enable us to provide a quotation please fully complete the following -:

Name of proposed Insured -: _____

Address of proposed Insured -: _____

Telephone -: _____

Email -: _____

Details of Horse/s -:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Breed</u>	<u>Sire</u>	<u>Dam</u>	<u>Use</u>	<u>Purchase Price (Aud \$)</u>	<u>Purchase Date</u>	<u>Proposed Limit of Liability (Aud \$)</u>

Type of Cover required -: _____

Has/have the horse/s been insured previously? Yes No If "Yes", name of Insurer -: _____ Expiring -: ____/____/____

Does the Proposed Limit of Liability included GST?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	}	<i>If the answer to any of the these questions is "Yes" please provide full details on a separate page.</i>
Has any insurance been declined or renewal not offered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	}	
Does any horse have any previous/existing illness, injury or abnormality which may affect the insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	}	
Have you had any previous losses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	}	
Is there anything further that the Insurer/s should be made aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	}	

Name of Person making the request -: _____

Contact Details (if different to above) -: _____

Email: _____

Signed -: _____

Dated -: ____/____/____