

**GENERAL FARM PROPOSAL FORM**

Cover is against the Risks of Mortality specified in the schedule and subject to various conditions, limitations and exclusions. A copy of the Policy Summary (Key Facts) and/or Policy Wording showing the full extent of the cover can be obtained upon application to your broker.

BEFORE ANY QUESTION IS ANSWERED, PLEASE READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL WHICH YOU ARE REQUIRED TO SIGN. ANSWER ALL QUESTIONS IN FULL

Please State cover required:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

All Risks of Mortality  
 Restricted perils  
 Theft  
 Government Slaughter Disease  
 Transit  
 Other Please State:

Requested period of insurance:

From: \_\_\_\_\_ To: \_\_\_\_\_

**General Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date of registration if applicable \_\_\_\_\_

Number of Years in Operation \_\_\_\_\_

Name of Owner \_\_\_\_\_

**Details of Location where animals are kept**

Location of Animals if different to above:

\_\_\_\_\_

\_\_\_\_\_

What type of production are you involved in?

\_\_\_\_\_

Are these locations manned 24 hours a day?

\_\_\_\_\_

Nature and height of fence around the farm

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Is any part of this farm susceptible to flooding? Give information on flooding history during the last 10 years.

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Farm Size (hectares) - Please submit map illustrating locations of each unit, perimeter fence, etc

Construction details of buildings used to hold livestock:

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Type of fire fighting equipment at farm locations:

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Is there a maintenance contract for fire equipment and electrics? If yes please state frequency of checks and is there a record?

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Are there any alarms on the property, if so what for?

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Is there an automatic generator on site?

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Is this farm subject to any aid or grant from any organisation? If yes, give details.

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### **Schedule of Animals for Insurance**

Please fully complete the additional Schedule sheet for all animals to be insured for each location. Animals valued £2000 (or currency equivalent) and over need to be identified separately in the attached relevant table.

For what purpose are animals farmed (e.g. breeding, rearing etc.)

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Were these animals purchased? if yes please provide details. Or is the unit closed?

<input type="checkbox"/>	Purchased
<input type="checkbox"/>	Closed Unit

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**Husbandry Information**

Please describe your rearing method:

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If applicable what age/ weight do animals leave farm:

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What is the usual market for the proposed animals:

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What is the origin of feed for each location, does the unit use a zero graze system?

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Are the animals checked on a daily basis, please provide details:

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Please describe your worming program:

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Describe your vaccination program (including vaccines given/ frequency):

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Are new animals held in isolation before joining the main herd? If yes, please give details.

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Are the animal's diets supplemented in any way? If Yes please provide details and confirm whether this has been recommended by a veterinary surgeon or nutritionist.

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What is the expected mortality rate for the unit/per annum?

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Have you ever experienced losses greater than the expected mortality rate? If Yes please state reason and preventative measures taken:

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Do you have up to date stock and medical treatment records? In the event of a claim, you will be requested to provide this information.

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**Disease Information**

Please complete the additional disease info sheet, if you require cover for disease insurance of any kind.

Does the unit carry a 'high health' status, if yes please list diseases within this criteria?

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In the event of a breakdown of the high health status criteria how would your business/ production be affected?

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Have any animals on the property suffered from any illnesses, injuries, disease, or undergone surgery in the last 12 months? (If YES please provide full details)

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Have there been any contagious or infectious diseases in the past 36 months? (if YES, please provide further details)

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To your knowledge are there any contagious or infectious diseases on the premises now? (if YES, please provide further details)

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Have there been any contagious or infectious disease within the locality during the last 36 months?

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What (if any) biosecurity procedures are in place to prevent the spread of disease? (e.g. wheel wash, visitor book, shower, isolation procedures of introducing animals to unit etc)

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Are you subject to regular tests of any sort? If Yes please state type of tests and frequency.

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Are the proposed animals in sound health? (if NO please give further details) Please note that it is normal practice for a veterinary certificate or Declaration Of Health to be requested before cover incepts:

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**Veterinary Details**

Name, full address and telephone number of your Veterinary Surgeon:

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What is this distance from where the animals are normally located? 

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**Insurance History**

Are the proposed animals now insured or have they been insured previously by you or your agent? (if YES, give details including the names of Insurers)

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Have you ever sustained a loss of an animal by any of the contingencies which you propose to insure? (If YES please complete additional sheet)

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Has any Insurer ever declined or refused to renew your Livestock Insurance? (If YES, give details)

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Have you other animals which are not proposed for Insurance? (If YES, give details of why they are not proposed)

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Have you been paid claims on livestock at any time? (If YES, please complete additional Loss History sheet)

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Are there any leases or mortgages on any of the animals? (If YES, give details)

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In the event of a loss under this insurance, what compensation is received from the state and/or other organisations?

(e.g. Foot and Mouth 100% compensation from government)

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Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? If so please give full details

## DECLARATION

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I declare that to the best of my knowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties. I also confirm there are no other circumstances within my knowledge or opinion that are not already disclosed that are likely to affect the proposed insurance.

Signed

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Please Print

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Dated

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### Συγκατάθεση για τη χρήση πληροφοριών

H General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων

Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει.

#### Δήλωση

Ο κάτωθι υπογεγραμμένος επιβεβαιώνει ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω.

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιασδήποτε ουσιαστική τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

#### Υπογραφή \*

Όνομα

Θέση της εταιρείας

Ημερομηνία

\* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος

DETAILS OF ANIMALS TO BE INSURED **SUM INSURED £2,000 OR UNDER** PER HEAD (please complete separate schedule for each location)

Type e.g. calves, bulls etc	Identification (Tag/Microchip Number)	Date of Birth/Age	Value per head	Number of head	Total Sum Insured	Other Information

DETAILS OF ANIMALS TO BE INSURED SUM INSURED **OVER £2,000** PER HEAD (please complete separate schedule for each location)

Type e.g. calves, bulls etc	Identification (Tag/Microchip Number)	Date of Birth/Age	Value per head	Number of head	Total Sum Insured	Other Information



Date of Loss	Details of Loss	Gross Loss	Deductible Applied	Net Loss

	Unit located in (Please tick):						
Disease	Free Zone	Buffer Zone	Endemic Zone	Movement control Zone	Accredited Disease free? (Y / N)	Date Accredited Disease free (dd/mm/yyyy)	Are you aware of disease in the locality? (Y/N)
Tuberculosis							
Brucellosis							
Leucosis							
Classical Swine Fever							
African Swine Fever							
Vesicular stomatitis							
Swine vesicular disease							
Rinderpest							
Foot and Mouth							
Peste des ruminants							
Contagious bovine pleuropneumonia							
Lumpy skin disease							
Blue tongue							
Sheep/ goat pox							
African Horse Sickness							
Hog cholera							
Fowl plague							
Newcastle Disease							
Rift Valley Fever							
Avian Influenza							
Other please list:							

Please note that diseases listed are from the OIE list A, please also state any other diseases applicable to your unit.