

Proposal Form

Transit

You must take care in answering all the following questions which are relevant to Insurers in providing this insurance and setting the terms and premium. If you do not understand the questions or the nature of the information required please seek guidance from your insurance adviser. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or revised terms and/or premium or it may affect any claim you make under this insurance.

You should keep a record (including copies of letters) of all the information supplied.

Please State cover required:

- ☐ All Risks of Mortality
- ☐ Restricted Perils
- ☐ Foetus Cover (cattle only) % Please specify percentage indemnity
- ☐ Mastitis (cattle only) % Please specify percentage indemnity
- ☐ Loss of Quarter (cattle only)
- ☐ Retest Cover Please specify diseases tested prior to departure

General Information

Insured:			
Address:			
Postal Code:			
Tel. No.:		Fax No.:	
Email:			

Insured Status

- ☐ Owner of Animals ☐ Owner of Vessel ☐ Shipping Agent

Loss History

Please complete additional sheet as attached

Animal Details

Please complete the schedule as attached

Period of Risk

Requested period of insurance: From: To:

Please outline the route plan below, include all areas requiring cover including time before and after the transit (if applicable)

	Time / Distance	Date of Attachment / Loading	Location of Farm / Port / Quarantine Station
Pre transit at Farm of origin	days		
Road Transit to Quarantine Station	km		
Time in Pre export Quarantine	days		
Road transit to port / airport of Origin	km		
Air / Sea transit to port / airport of destination	days		
Road Transit to Quarantine Station	km		
Time in Post export Quarantine	days		
Road transit to farm of final destination	km		
Time after arrival at farm of final destination	days		

Details of any planned stops en route:

Transit Details

Please provide

Shipping agent details (name, address, number of years' experience shipping animals)

Name (or IMO if known) and age of sea vessel:

Type of aircraft and airline name:

If road transit number of lorries and number of head per lorry:

What access do the handlers and/or vets have to the animals during the voyage:

Do Livestock have access to food and water during transit:

What level of veterinary monitoring has been implemented prior to transport, during transport and post transport:

How will ventilation and temperature be maintained during transit:

Confirmation that water for cooling will be available if required:

Are photos of Photos of cages/crates and vehicles to be used available (if yes please provide):

Details of recipient farms / Quarantine Stations

Address:

Date of opening:

Previous experience with such consignments:

Number of animals through the facility in the last 12 months:

Number of animals died at facility in the last 12 months:

Other animals present on farm and their origin:

What Biosecurity procedures are in place at the quarantine station (wheel wash, showering facilities)

Personnel

Skills and expertise of accompanying handlers – please submit CV's

Who will be accompanying the animals on the various stages of the shipment?

What veterinarian presence will there be?

Prior to shipment:

In transit:

Post transit:

Are Animals checked by a vet at unloading?

Claims considerations

Who will co-ordinate the loss reporting on the journey and post arrival?

Who will keep log of all claims during shipment:

Who will keep Underwriters advised on a regular basis of loss and record all on a spread sheet:

Do all the handlers / vets have explicit instructions how to report on losses?

☐ Yes ☐ No

If yes, please provide details of mortality reporting

If no, mortality reporting procedure shall be written in to the policy

If Exotic Animals Being Transported

Please provide

Details of crates / cages animals being transported in - please also provide photographs:

Pressure and temperature of transporting aircraft / vessel and confirmation of how this will be checked and maintained during the transit:

Are animal(s) to be sedated?

☐ Yes ☐ No

Will animal(s) be given the opportunity to acclimatise to transit containers?

☐ Yes ☐ No

Please note we may require Underwriters' Risk Manager to travel with animals

Retest

Please provide

Confirmation no previous positive test results for required diseases at Quarantine Station?

☐ Yes ☐ No

If No, give full details on Loss History Sheet

Confirmation no previous losses for required diseases within locality of Quarantine Station in past 36 months:

☐ Yes ☐ No

If No, give full details on Loss History Sheet

If Vaccinated state diseases vaccinated :

Schedule

Transit

Individual Transit Details of Animals to be Insured

Type e.g. Calves, Bulls, Bred Heifers, etc.	Number of Head	Date of Birth / Age	Value Per Head	Total Sum Insured	Other Information

Open Cover Details of Annual Shipments

Origin	Destination	Type e.g. Calves, Bulls, Bred Heifers, etc.	Average No. of Head Per Shipment	Average Value Per Head	No. of Shipments	Total Sum Insured

Loss History

Transit

Shipment Date	Type of Animal	No. of Head Shipped	Vessel	Route e.g. USA to China	Mortalities		Abortions	
					On Board	After Arrival	On Board	After Arrival

Owner of Animals

Owner of Vessel

Shipping Agent

Declaration

I/we declare that the information disclosed on this proposal, is to the best of my/our knowledge and belief both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.

Signed:

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Please Print:

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Dated:

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Data Protection

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and handling of any claims or complaints which may arise under it, we may need to transfer certain information which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

Συγκατάθεση για τη χρήση πληροφοριών

Η 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 επιβεβαιώνω 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 ουσιώδη 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

