



# Proposal Form

## General Farm

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.

You must tell us as soon as practicably possible about any changes to the information you have provided to us which happens before or during any period of insurance. We will tell you if such change affects your insurance and if so, whether the change will result in revised terms and/or premium being applied to your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

### Please State cover required:

- All Risks of Mortality
- Restricted Perils
- Other (please state):
- Theft
- Transit
- Government Slaughter Disease

Requested period of insurance: From:  To:

### General Information

Insured Name:

Registered Address:

Tel. No.:  Fax No.:

Email:

Date of registration if applicable:

Number of Years in Operation:

Business Turnover:

Number of employees:

### Consumer Classification

#### Description

**Consumer** A person who is acting for purposes which are outside his trade or profession

**Micro Enterprise** Smaller businesses that have a turnover or annual balance sheet of not more than two million Euros and fewer than ten employees



**Commercial**

Larger businesses that have a turnover or annual balance sheet of **more than**   
two million Euros **and more than** ten employees

**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?

Yes  No

Nature and height of fence around the farm:

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

Is the farm considered to be in a flood plain?

Yes  No

Distance from rivers creeks and natural watercourses:

Farm Size (hectares):

**Please submit map illustrating locations of each unit, perimeter fence, etc.**

Construction details of buildings used to hold livestock:

What is the density of animals in each building?

Type of firefighting equipment at farm locations:

Is there a maintenance contract for fire equipment and electrics?

Yes  No

If **Yes**, please state frequency of checks and is there a record?



Are there any alarms on the property?

Yes  No

If **Yes**, what for:

Please provide details of the electricity supply for animal requirements and availability of alternative supply

Is there an automatic generator on site?

Yes  No

Is this farm subject to any aid or grant from any organisation?

Yes  No

If **Yes**, give details:

What procedures or facilities are in place for temperature control?

### 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.

### Husbandry Information

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

Were these animals purchased?

Yes  No

If **Yes**, please give details. If no, is the unit closed? If closed please state for how long it has been closed.



Please describe your production cycle: e.g. for beef - cows mated with bull or by AI (target to be in calf 80 days after calving), calves suckled for up to 6 months at pasture, weaning, rearing for 3 months at pasture until 500-550 kg, transferred to custom feedlot for finishing on a controlled diet and slaughter at 18-30 months):

If applicable what age / weight do animals leave farm:

What is the usual market for the proposed animals:

Please provide details of the water supply for animal consumption:

Is the effectiveness of the sanitising confirmed by independent microbiological testing on an annual basis if the water supply is not potable quality from public supply?  Yes  No

Is the water supply gravity fed?  Yes  No

Is there sufficient supply to satisfy the consumption requirements of all the animals for at least 24 hours in an emergency?  Yes  No

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

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

Please describe your worming program:



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

Are new animals held in isolation before joining the main herd?

Yes  No

If **Yes**, please give details:

Are the animal's diets supplemented in any way?

Yes  No

If **Yes**, please provide details and confirm whether this has been recommended by a veterinary surgeon or nutritionist:

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

Have you ever experienced losses greater than the expected mortality rate?

Yes  No

If **Yes**, please state reason and preventative measures taken:

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:

Yes  No

## 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 (i.e. is accredited free of disease)?

Yes  No

If **Yes**, please list diseases within this criteria:

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



Have any animals on the property suffered from any illnesses, injuries, disease, or undergone surgery in the last 12 months?  **Yes**  **No**

If **Yes**, please provide full details:

Have there been any contagious or infectious diseases in the past 36 months?  **Yes**  **No**

If **Yes**, please provide further details:

To your knowledge are there any contagious or infectious diseases on the premises now?  **Yes**  **No**

If **Yes**, please provide further details:

Have there been any contagious or infectious disease within the locality (within 50km/30 miles) during the last 36 months?  **Yes**  **No**

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):

Are you subject to regular tests for animal diseases?  **Yes**  **No**

If **Yes**, please state diseases and frequency:

Are the proposed animals in sound health?  **Yes**  **No**

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:



## Veterinary Details

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

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

## Insurance History

Are the proposed animals now insured or have they been insured previously?

Yes  No

If **Yes**, give details including the names of Insurers:

Has any Insurer ever declined or refused to renew your Livestock Insurance?

Yes  No

If **Yes**, give details:

Have any other animals that you own not been proposed for Insurance?

Yes  No

If **Yes**, give details of why they are not proposed:

Have you been paid claims on livestock at any time?

Yes  No

If **Yes**, please complete additional Loss History sheet:

Are there any leases or mortgages on any of the animals?

Yes  No

If **Yes**, give details:



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)

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting  **Yes**  **No**  
or likely to affect the proposed insurance?

If **Yes**, please give full details:

### 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.

Signature:

Please Print Name:

Dated:









## Disease Info

### General Farm

Disease	Unit located in:				Accredited Disease free? (Y/N)	Date Accredited Disease free (dd/mm/yyyy)	Are you aware of disease in the locality? (Y/N)
	Free Zone	Buffer Zone	Endemic Zone	Movement control Zone			
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Brucellosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Leucosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Classical Swine Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
African Swine Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Vesicular Stomatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Swine Vesicular Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Rinderpest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Foot and Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Peste Des Ruminants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Contagious Bovine Pleuropneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lumpy Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Blue Tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Sheep / Goat Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



Disease	Unit located in:				Accredited Disease free? (Y/N)	Date Accredited Disease free (dd/mm/yyyy)	Are you aware of disease in the locality? (Y/N)
	Free Zone	Buffer Zone	Endemic Zone	Movement control Zone			
African Horse Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fowl Plague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Newcastle's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Rift Valley Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Avian Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Other please list:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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





		Attached <b>Yes / No</b>	
1	Photographs of the site showing: feed storage areas, cattle pens, water facilities	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
2	CV's of management and vets	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
3	Loss history (for both insured and uninsured losses) for the last 5 years (Please see template on page 2)	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
4	Standard operating procedures for the farm, detailing vaccination protocol, and biosecurity protocol.	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
5	Please note that in the event of a firm order we will require a herd veterinary certificate dated within 30 days of inception, to be provided and accepted by underwriters within 15 days of inception)	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>