



REQUEST FOR LIVESTOCK INSURANCE

GENERAL INFORMATION

NAME: _____

OCCUPATION: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE NO: _____

FAX NO: _____

PERIOD OF COVER FROM: _____ TO: _____

COVER REQUIRED ALL RISK OF MORTALITY Y / N

TUBERCULOSIS Y / N

EMBRYO COLLECTION Y / N

SEMEN COLLECTION Y / N

INABILITY TO SERVICE Y / N

FARM SITUATION

	AGE	BREED	M / F	TAG NO	SUM INSURED
1					
2					
3					
4					
5					
6					
7					
8					



LIVESTOCK INSURANCE PROPOSAL

The usual cover is against the Risks of Mortality, subject to various conditions, limitations and exclusions. A copy of the WORDING showing the full extent of the cover may be seen upon application to Crowe Livestock Underwriting Limited.

Before any question is answered, read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in full.

OWNERS FULL NAME: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE NO: _____

FAX NO: _____

PERIOD OF COVER FROM: _____ **TO:** _____

SCHEDULE OF ANIMALS TO BE INSURED

	TYPE	BREED & ORIGIN	AGE	SEX	IDENTIFICATION	SUM INSURED
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

* Deer, Cattle, Sheep, etc.

Date of birth in under six months of age.

1. STATE IF PURCHASED OR BRED: _____



2. IF PURCHASED, STATE PURCHASE PRICE & DATE PER HEAD: _____

3. LOCATION OF ANIMALS FARMED: _____

4. WILL THE ANIMALS BE CHECKED ON A DAILY BASIS: _____

5. PLEASE GIVE DETAILS: _____

6. HOW ARE ANIMALS ENCLOSED: _____

7. FOR WHAT PURPOSE ARE ANIMALS FARMED E.G. BREEDING: _____

8. ARE ALL ANIMALS FARMED ON THE PROPERTY HEALTHY? _____

9. GIVE ALL PARTICULARS OF ANY DEFECTS, AILMENTS, ILLNESS OR DISEASE WHICH HAVE OCCURRED ON THE FARM DURING THE LAST TWELVE MONTHS: _____

10. ARE YOU AWARE OF ANY CON- _____



TAGIOUS OR INFECTIOUS DISEASES ON THE FARM PROPERTY AT THE PRESENT TIME?

11. HAS THERE BEEN ANY DURING THE PAST TWELVE MONTHS?

12. IS THERE TO YOUR KNOWLEDGE ANY ON THE SURROUNDING FARM PROPERTIES?

13. HAS THERE EVER BEEN A CASE OF MALIGNANT CATARRHAL FEVER ON THE PROPERTY?

14. ARE YOU AWARE OF ANY PREVIOUS DEATHS FROM THIS DISEASE?

15. IF SO, HOW LONG AGO?

16. STATE ALL TYPES OF ANIMALS FARMED ON THE PROPERTY:

17. IS THE FARM PROPERTY LOCATED:

18. IS THE PROPERTY ACCREDITED TUBERCULOSIS FREE?

19. FOR HOW LONG?

20. IN PARTICULAR, ARE YOU AWARE OF ANY CASE OF TUBERCULOSIS ON YOUR OWN FARM OR ON ANY NEIGHBOURING PROPERTY IN THE PAST TWELVE MONTHS?

21. HOW LONG HAVE YOU OWNED

THE ANIMALS?



22. HAVE THE ANIMALS BEEN INSURED PREVIOUSLY? IF SO, BY WHOM?

23. HAS ANY INSURER EVER DECLINED OR REFUSED TO RENEW YOUR LIVESTOCK INSURANCE?

24. HAVE YOU OTHER STOCK OF _____ LINE CATEGORY WHICH IS NOT INSURED?

25. IF ALL SUCH STOCK IS NOT INSURED (OR ALREADY INSURED), PLEASE STATE WHY:

26. HOW MANY ANIMALS OF LIKE CATEGORY HAVE YOU LOST DURING THE LAST TWO YEARS, IRRESPECTIVE OF CLASS, TYPE OR BREED?

27. STATE CAUSE AND DATE OF DEATH IN EACH CASE?

28. HAVE YOU BEEN PAID CLAIMS ON LIVESTOCK AT ANY TIME?

29. NAME, FULL ADDRESS & TELEPHONE NUMBER OF YOUR VETERINARY SURGEON:

30. WHAT IS HIS DISTANCE FROM WHERE THE ANIMALS ARE NORMALLY LOCATED?

31. ARE THERE ANY OTHER CIRCUMSTANCES WITHIN YOUR KNOWLEDGE OR OPINION NOT ALREADY DISCLOSED, AFFECTING OR LIKELY TO AFFECT THE

PROPOSED INSURANCE?



SPECIAL QUESTIONS MALE ANIMALS

1. IS ANY ANIMAL TO BE SOLD, OR LEASED TO ANY OTHER PARTY? Y / N

2. IF YES, GIVE DETAILS:

3. IN RESPECT OF EACH ANIMAL

STATE DATE OF BEGINNING AND ENDING OF SERVICE SEASON:

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 nondisclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

NB: 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 Crowe Livestock Underwriting Limited.

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.

SIGNATURE OF OWNER:

DATE:

PRINTED NAME OF OWNER: