



## **LRMS GENERAL LIVESTOCK INSURANCE PROPOSAL FORM**

Cover is against the Risks specified in the schedule and subject to various conditions, limitations and exclusions. A copy of the WORDING will be provided upon request.

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.

### **GENERAL INFORMATION**

Name:

Postal address:

Telephone No:

Fax:

Email address:

Number of years in operation:

Date of registration if applicable:

Please State cover required:

- All Risks of Mortality
- Restricted perils
- Theft
- Government Slaughter Disease
- Transit
- Other

Requested period of insurance: From:

To:

### **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?

Farm Size:

Nature of fence around farm:

Is any part of the farm susceptible to flooding. Provide information on flooding history during the last 10 years:

Construction details of buildings used to hold livestock:

Type of fire fighting equipment at farm locations:

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



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

Is there an automatic generator on site?

Is farm subject to any aid or grant from any organisation, please provide details

Any other information which may be of use?

### **SCHEDULE OF ANIMALS PROPOSED FOR INSURANCE**

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

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

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

### **HUSBANDRY INFORMATION**

Please describe your rearing method:

If applicable what age/ weight do animals leave farm:

Usual market for the proposed animals:

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:

Describe your worming program:

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

Are new animals held in isolation before joining the main herd, if so give details.

Are the animal's diets supplemented in any way if so with what? If Yes have these 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? 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.

### **DISEASE INFORMATION**

Does the unit carry a 'high health' status, 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? (If YES please provide full details)

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

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

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

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 of any sort? If Yes please state type of tests and frequency.

Please complete the attached disease table, if you require cover for disease insurance of any kind.

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 DOH 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 by you or your agent? (if YES, give details including the names of Insurers)

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

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

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

Have you been paid claims on livestock at any time? (If YES, state how many, amount(s) and name(s) of Insurer(s))

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

Signature of Owner

Date

Print Name

Please note that disease listed are from the OIE list A, please state another disease that are applicable to your unit.

Disease	Unit located in:				Accredited Disease free?	Date Accredited Disease free	Are you aware of disease in the locality
	Free Zone	Buffer Zone	Endemic Zone	Movement control Zone			
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							
Newcastles Disease							
Rift Valley Fever							
Avian Influenza							
<b>Other please list:</b>							

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

**LOCATION:**

<b>CLASS</b> e.g. Cattle	<b>TYPE</b> e.g. calves, bulls etc	<b>TAG NUMBER</b>	<b>DATE OF BIRTH/ AGE</b>	<b>VALUE PER HEAD</b>	<b>OTHER INFORMATION</b>

PLEASE CONTINUE ON ADDITIONAL SHEETS IF REQUIRED

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

**LOCATION:**

<b>CLASS</b> e.g. Cattle	<b>TYPE</b> e.g. calves, bulls etc	<b>TAG NUMBER/ INDENTIFICATION</b>	<b>DATE OF BIRTH/ AGE</b>	<b>VALUE PER HEAD</b>	<b>OTHER INFORMATION</b>

PLEASE CONTINUE ON ADDITIONAL SHEETS IF REQUIRED