



TRANSIT PROPOSAL FORM

1. TYPE OF COVER REQUIRED:

Full Mortality

Restricted Perils

If other, Please state:

2. PERIOD:

Number of days in transit.

Number of days in Quarantine once at destination.

3. ANIMALS: Breed, No, Ages and Values of stock to be transported. Attach schedules, if available .

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4. ROUTE: Attach journey plan, including rest/food/water stops:

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5. TRANSPORTER: Full details of transporting, vehicle, aircraft, vessel as applicable

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6. EXPERIENCE: Assured's experience in transporting Bloodstock

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7. CLAIMS EXPERIENCE: Over the last three years.

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Declaration

I declare that to the best of my acknowledge 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.

Signed: _____

Date: _____

Print Name: _____