

TUBERCULOSIS TEST HISTORY FOR INSURANCE COMPANIES

The DVO

- *DEPARTMENT FOR ENVIRONMENT, FOOD & RURAL AFFAIRS
- *SCOTTISH EXECUTIVE ENVIRONMENT & RURAL AFFAIRS DEPARTMENT
- *THE NATIONAL ASSEMBLY FOR WALES AGRICULTURE DEPARTMENT

..... Date

From:- Name and address of
herd owner (Capitals):

.....

.....Herd Ear Mark No:

Will you please on my behalf complete this form and send it to:
BIB Underwriters Limited, 2nd Floor, Pioneer House, Pioneer Court, Morton Palms, Darlington, DL1 4WD

Yours faithfully

(Owner's signature)

At the request of the person named above, the *Department for Environment, Food & Rural Affairs/Scotland Executive Environment and Rural Affairs Department/The National Assembly for Wales Agriculture Department gives the following information without responsibility for or guarantee of its correctness

PARTICULARS OF LAST 6 TUBERCULIN HERD TESTS

No	Date of Test	Type of test ie routine, 60-day, 6-month, contiguous	No of animals tested	No of reactors	No of inconclusives	Result of re-test of inconclusives	
						Pass	Fail
1							
2							
3							
4							
5							
6							

Expected date of the next test:

Frequency of routine testing in the parish in which this farm is situated: yrs

Signature:

Position/Office:

*Delete as appropriate

Date:

Insured to complete Part 1 only

TUBERCULOSIS REACTOR INSURANCE

Form of authorisation to be signed by the Assured

ASSURED'S DECLARATION

1. I,
of

hereby authorise the

- *Department for Environment, Food and Rural Affairs
- * Scotland Executive Environment and Rural Affairs Department
- * The National Assembly for Wales Agriculture Department

to disclose to:

BIB Underwriters Limited, 2nd Floor, Pioneer House, Pioneer Court, Morton Palms, Darlington, DL1 4WD

the number of head of cattle tested commencing on/..... (being the total number of cattle owned by me at the time)* and the number of animals which on reacting to the test were surrendered to the Ministry. I further authorise the Ministry to state which animals were recorded as being DOUBTFUL or INCONCLUSIVE at the test held on the above dates and at the previous test.

* Delete if not applicable

Ministry File Reference Number:

Date: Signed:

Status:

FOR COMPLETION BY DIVISIONAL VETERINARY MANAGER

2. I certify that according to the Ministry's records the last tuberculin test of Assured's herd was:

1. routine (1-4 years)**
2. 6-months**
3. 60-day
4. private
5. special (delete whichever is not applicable)

Commenced on/.....199..

..... cattle were tested and reactors

..... inconclusives disclosed as follows (see over):

** if a herd is subject to a special retest and it happens that a long interval or 6-month test is due in any case, No. 5 on the form should NOT be deleted.

No of reactors Inconclusive for retest

3. The herd was previously tested on/.....199..

4. Date of last clear test/.....199..

Date: Signed:
Divisional Veterinary Manager

Office:

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