

LIVESTOCK INSURANCE PROPOSAL FORM

Please use **BLOCK CAPITALS**, answer all questions fully and initial any alterations.

PROPOSER

NB: There are conditions, limitations and exclusions within the Policy wording, a copy will be provided on request.

Your Name		
Address		
Telephone Number		
Occupation		
Period for which cover required	From:	To:

GENERAL QUESTIONS

1. Have any of your animals ever suffered any illness, disease or injury?	Yes / No
2. Do you have any other livestock of the same class proposed which are not to be insured?	Yes / No
3. Have you been previously insured against any of the risks proposed?	Yes / No
4. Has any insurer ever	
a. Declined a proposal, refused renewal or terminated insurance?	Yes / No
b. Required an increased premium or imposed special conditions?	Yes / No
5. Have you had any losses in respect of the risks proposed in the last three years?	Yes / No

If the answer to any of the above questions is YES please give full details below:

6. Are all your animals sound, healthy and free from defects?	Yes / No
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If the answer to the above is NO please give full details below:

COVER – Please complete fully all the details in respect of each Section for which you require cover. Refer to policy wording for full conditions.

Section 1 – Specified Animals

Death due to Accident, Illness or Disease (including theft)

Type/Breed	Date of Birth	Name/ID Number	Use	Sex	Purchase Price (£)	Sum Insured (£)

PLEASE NOTE: If the sum insured to be insured exceeds £3,500 (cattle) or £2,500 (sheep), an up to date Veterinary Certificate must be provided BEFORE cover can be granted. The Veterinary Certificate provided at the back of this form may be used.

1. Are any of your animals hired out?	Yes / No
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If YES please give full details below:

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2. Are you the owner of the above animal(s)?	Yes / No
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If NO please give the name and address of the owner and your reasons for insuring below:

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3. Do you require cover for Loss of Use on Bulls/Rams? (If YES a Veterinary Certificate will be required REGARDLESS OF THE SUM INSURED)	Yes / No	
4. In the case of rams, the sum insured will normally be reduced by 50% outside the Service Season. Please specify the dates during which the Service Season normally runs.	To:	From:
5. You may, for an additional premium, maintain the sum insured on rams at 100% outside the service season. Do you require this?	Yes / No	
6. Do you require to extend the insurance for the above animals to provide cover for the following:		
a. Brucellosis (cattle only)	Yes / No	
b. Foot and Mouth Disease	Yes / No	
c. Bovine Tuberculosis (cattle only)	Yes / No	
d. Anthrax (cattle only)	Yes / No	
e. Maedi Visna (Accredited sheep flocks only)	Yes / No	

Section 2 – Anthrax (Cattle only)

Indemnity market value or sum insured whichever the lesser.

Maximum Value Limit £5,000 any one animal unless otherwise agreed by us. Animals exceeding £2,500 to be individually declared and identified using Name and Tag Numbers.

Do you wish this cover to apply?	Yes / No
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Type of Animals	Number	Use	Max Value Per Head (£)	Purchase Price (If applicable) (£)	Total Value

Section 3 – Aujeszky’s Disease

Indemnity 25% market value or sum insured whichever the lesser.

Maximum Value Limit £1,000 any one animal.

Do you wish this cover to apply?	Yes / No
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IF YES please answer the following questions:

1. Please state the total value of pigs to be insured (£)	
2. Have any of the pigs to be insured	
a. Been purchased in the open market	Yes / No
b. Been fed swill of waste food	Yes / No

If YES to either of the above please give full details below:

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Section 4 – Enzoootic Bovine Leucosis

Indemnity difference between ministry compensation and either the market value or the sum insured whichever the lesser.

Maximum Value Limit £5,000 any one animal unless otherwise agreed by underwriters. Cattle exceeding £2,500 to be individually declared and identified using Name and Tag Numbers.

Do you wish this cover to apply?	Yes / No
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If YES please answer the following questions:

1. Please state the total value of cattle to be insured (£)	
2. State date of Attestation	
3. Date of last test	
4. Result of last test	Positive / Negative

If **POSITIVE** please give full details below:

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Section 5 – Maedi Visna

Indemnity market value or the sum insured whichever the lesser.

Maximum value any one animal £1,500

Do you wish this cover to apply?	Yes / No
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If YES please answer the following questions:

1. Please state the total value of sheep to be insured (£)	
2. Start date of Attestation	
3. Date of last test	Yes / No
4. Result of last test	Positive / Negative

Section 6 - Classical Swine Fever

Indemnity 25% ministry compensation or 25% of the sum insured whichever the lesser.

Maximum Value any one pig £1,000

Do you wish this cover to apply?	Yes / No
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If YES please answer the following questions:

1. Please state the total value of pigs to be insured (£)	
2. Have any of the pigs to be insured	
a. Been purchased in the open market	Yes / No
b. Been fed swill of waste food	Yes / No

If YES to either of the above please give full details below:

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Section 7 – Swine Vesicular Disease

Indemnity 25% ministry compensation or 25% of the sum insured whichever the lesser.

Maximum Value any one pig £1,000

Do you wish this cover to apply?	Yes / No
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IF YES please answer the following questions:

1. Please state the total value of pigs to be insured (£)	
2. Have any of the pigs to be insured	
a. Been purchased in the open market	Yes / No
b. Been fed swill of waste food	Yes / No

If YES to either of the above please give full details below:

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Section 8 Bovine Tuberculosis

Indemnity 25% ministry compensation or 25% sum insured whichever the lesser.

Maximum Value Limit £5,000 any one animal unless otherwise agreed by us.

Cattle exceeding £2,500 to be individually declared and identified using Name and Tag Numbers.

Do you wish this cover to apply?	Yes / No
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If YES please provide the following details:

Type of Animals	Number	Use	Max Value Per Head (£)	Purchase Price (If applicable) (£)	Total Value

1. What is the frequency of DEFRA routine testing? (Years)	
2. Date of last test	
3. Result of last test	Positive / Negative

If POSITIVE please give full details below:

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4. What is the date of your next expected test	
5. Herd Ear Mark Number	

NOTE: That a Tuberculosis Test History Form will require completion in all cases where this cover is required.

Section 9 – Foot and Mouth Disease

Indemnity 25% ministry compensation or 25% sum insured whichever the lesser.

Cattle: Maximum Value Limit £5,000 any one animal unless otherwise agreed by **us**.

Cattle exceeding £2,500 to be individually declared and identified using Name and Tag Numbers.

Sheep: Maximum Value Limit £1,500 any one animal unless otherwise agreed by **us**.

Pigs: Maximum Value Limit £1,000 any one animal unless otherwise agreed by **us**.

Others: As agreed by **us**.

Do you wish this cover to apply?	Yes / No
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If YES please provide the following details:

Type of Animals	Number	Use	Max Value Per Head (£)	Purchase Price (If applicable) (£)	Total Value

Section 10 – Brucellosis

Indemnity difference between ministry compensation and either

1. Market value plus 25% DEFRA compensation or
2. The sum insured

whichever is the lesser.

Maximum Value £5,000 any one animal unless otherwise agreed by **us**.

Cattle exceeding £2,500 to be individually declared and identified using Name and Tag Numbers.

Do you wish this cover to apply?	Yes / No
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If YES please provide the following details:

Type of Animals	Number	Use	Max Value Per Head (£)	Purchase Price (If applicable) (£)	Total Value

1. State date of accreditation	
2. Give Herd Reference Number	
3. Date of last test	
4. Result of last test	Positive / Negative

5. Please give details of all reactors (other than above) during the last 3 years (if NONE please state so:

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6. Is yours a dealers herd	Yes / No
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DECLARATION

I declare that the answers given above (on which the Underwriters will rely in deciding whether to accept the risk and in fixing the premium) are true to the best of my knowledge and belief and that the animals to be insured are in a sound state of health and have been free from injury, illness, lameness or other abnormality during the past 12 months and that no information has been withheld by me that might influence the Underwriter's acceptance and assessment of this insurance, and to accept a policy subject to the terms and conditions contained therein.

Data Protection Act 1998

I/we hereby consent to any information that you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

BEFORE SIGNING THIS FORM PLEASE READ THE NOTES BELOW

PROPOSER'S SIGNATURE:		DATE:	
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Please note that wherever in this proposal we ask for Total Value this is to be the Total Market Value before any Ministry compensation (if applicable). The premiums are based on Total Values and not compensation payable.

1. If you are in any doubt about a particular fact being material to this insurance you should disclose it to us. Failure to disclose all material information may result in this insurance being void from inception, leaving you without insurance cover. You should keep a complete record (including copies of letters) of all information supplied by us for the purpose of entering into this contract of insurance.
2. At your request a copy of this completed form will be supplied to you, provided the request is made within a period of three months after its completion.
3. Our liability does not operate until acceptance has been notified. If the proposal should disclose any special features we may quote special terms and we reserve the right to decline a proposal.
4. Details of the full Policy Terms will be supplied upon request.

Law Applicable To Contract

The Parties are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.

Issued by: BiB Underwriters Limited
2nd Floor
Pioneer House
Pioneer Court
Morton Palms
Darlington
DL1 4WD
Telephone: 0344 346 0251: Fax: 01325 254424
E-Mail: uw@bibinsurance.co.uk

VETERINARY SURGEON'S CERTIFICATE

Name of person who is insuring the animal(s)	
Address where animal(s) were seen	

Name of Animal	Sex	Breed	Colour	Description	Born	Number	Value

Please answer the following questions when Loss of Use cover has been requested under Section 1

1. Do the animal(s) above represent a normal breeding risk?	
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If NO please give details below:

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2. Are there any abnormal conditions affecting the genitalia or breeding organs?	
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If YES please give details below:

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3. Is there any other condition apparent which could affect the breeding ability?	
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If YES please give details below:

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I hereby certify that I have this day examined the animal(s) described above and in my opinion the same are sound and in good condition and that I know of no reason why insurance should not be granted. Further no information which ought to be disclosed has been withheld.

Signature of veterinary surgeon		Date	
Qualifications			
Name and address of practice			