

## Markel Livestock Proposal Form

1. Name and address of person insuring the animals:
  
2. Address of where animals are located (if different or in addition to above):
  
3. Herd Reference Number:
4. Farm Holding Number:
5. Period for which cover is required:  
From: \_\_\_\_\_ To: \_\_\_\_\_

### **General Questions**

- |   |        |
|---|--------|
| 6. Have any of your animals ever suffered any illness, disease or injury?   | YES/NO |
| 7. Do you have any other livestock of the same class proposed which are not to be insured?  | YES/NO |
| 8. Have you ever received any claim payment for the insurance proposed?   | YES/NO |
| 9. Has any insurer ever;  |        |
| • Declined a proposal, refused renewal or terminated an insurance?  | YES/NO |
| • Required an increased premium or imposed special conditions?  | YES/NO |
| 10. Has there been any evidence of contagious or infectious disease at the farm where the animal(s) is/are kept or neighbouring farms in the last 5 years?  | YES/NO |
| 11. Have the animal(s) described hereunder been seen by a vet for any reason other than routine testing (e.g. TB) and vaccinations during the past 12 months, or since purchase whichever is the latter?                          | YES/NO |
| 12. Has the proposer or any member of your family directly connected to the business or any of the partners or directors been cautioned, convicted or charged (or pending) with a criminal offence other than a motoring offence? | YES/NO |
| 13. Has any prosecution been made or notified under any public health legislation in respect of the farm?   | YES/NO |

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE FULL DETAILS BELOW.**

- |   |                  |
|---|------------------|
| 14. Do you currently have the proposed insurance?<br>If YES, who is your current insurer? | YES/NO           |
| 15. Is the farm part of a health scheme?<br>If YES, provide details.                      | YES/NO           |
| 16. Is the herd closed?<br>If NO, have any animals been imported in the last 2 years?     | YES/NO<br>YES/NO |
| 17. Are any of your animals hired out?<br>If Yes, please give details;                    | YES/NO           |
| 18. Are all your animals sound, healthy and free from defects?                            | YES/NO           |
| 19. Please provide details of all biosecurity measure in place:                           |                  |

**IF THE ANSWER IS NO TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE FULL DETAILS BELOW**

**Please only complete this section if cover other than Government Slaughter is required.**

All Risks of Mortality Yes/No  
Loss of Use Yes/No  
Named Perils Only Yes/No

If Loss of Use cover is required;

**PLEASE NOTE:** A Veterinary Certificate with specific reference to genitalia is required and the animal must be a proven breeder for this cover to be effected. Until a Veterinary Certificate has been seen and agreed by Underwriters, there is no loss of use cover.

**Schedule of Specified Animals**

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

**PLEASE NOTE:** If the sum to be insured exceeds £2,500 (cattle) or £1,500 (sheep) an up to date Veterinary Certificate must be provided. Until a Veterinary Certificate has been seen and agreed by Underwriters, the onus is on the insured to prove that the animals were in sound health and free from illness or disease at inception.

1. Are you the owner of the above animal(s)? YES/NO  
If NO, please give the name and address of the owner and your reasons for insuring;

**Government Slaughter**

**Please complete Questions 1 and 2 for all Diseases and the relevant questions for the specific disease cover required.**

**20. Sum Insured Breakdown:**

Type of Animal	Use	No of Head	Value	Total Value
			Under £1,00	
			£1,000 - £2,000	
			£2,000 - £2,500	
			£2,500 +	
	Total No of Head		Total Value	

**Cattle over £2,500, Sheep over £1,500 and Pigs over £1,000 – please list;**

Name	Ear Tag Number	Value (£)

**21. Foot and Mouth Disease**

**YES/NO**

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

Maximum value limit;

Cattle: £5,000

Sheep: £1,500

Pigs: £1,000

any one animal unless otherwise agreed by us. Animals exceeding these values to be individually declared and identified using Name and Tag Numbers.

**22. Brucellosis (cattle only)**

**YES/NO**

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

Maximum value limit £2,500 any one animal unless otherwise agreed by us. Cattle exceeding £2,500 to be individually declared and identified using Name and Tag Numbers.

- a) State date of accreditation.
  - b) Date of last test?
  - c) Result of last test?
- If POSITIVE, give full details:

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

**23. Bovine Tuberculosis (cattle only)**

**YES/NO**

Indemnity - 25% of ministry compensation or 25% of sum insured, whichever is 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.

- a) What is the frequency of DEFRA routine testing? BI-ANNUAL/ANNUAL/4 YEARLY
- b) Date of last test?
- c) What is the date of your next expected test?

- d) Has the farm had any reactors or inconclusives in the last **five** years? YES/NO

If yes, please list date, number of head and loss value and please **provide a TB test history from DEFRA.**

**24. Anthrax**

**YES/NO**

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.

**25. Aujeszky's Disease**

**YES/NO**

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.

- a) Have any of the pigs been purchased in the open market?
- b) Have any of the pigs been fed swill of waste?

**26. Enzootic Bovine Leucosis**

**YES/NO**

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

- a) Please state the date of attestation?
- b) Date of last test?
- c) Result of last test?

**27. Maedi Visna**

**YES/NO**

Indemnity market value or the sum insured, whichever is the lesser.

Maximum Value Limit £1,500 any one animal.

- d) Please state the date of attestation?
- e) Date of last test?

f) Result of last test?

**28. Classical Swine Fever**

**YES/NO**

Indemnity 25% ministry compensation or 25% of the sum insured whichever is the lesser.  
Maximum Value Limit £1,000 any one pig.

- c) Have any of the pigs been purchased in the open market?
- d) Have any of the pigs been fed swill of waste?

**29. Swine Vesicular Disease**

**YES/NO**

Indemnity 25% ministry compensation or 25% of the sum insured whichever is the lesser.  
Maximum Value Limit £1,000 any one pig.

- e) Have any of the pigs been purchased in the open market?
- f) Have any of the pigs been fed swill of waste?

**Declaration**

The above named animals are owned by me and, to the best of my knowledge and belief, all the information provided in connection with this proposal is true.

I understand that in deciding to accept this Policy and setting the terms and premium, the Insurers, have relied on this proposal form. I understand that I must take care when answering any questions asked by the Insurers by ensuring that all information provided is accurate and complete.

I further understand that the signing of this statement of facts does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, it shall form the basis of the contract. 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:

Position Held:

Date:

**Your Data**

Markel are committed to protecting your privacy. Insurance involves the use and disclosure of your data to various insurance participants such as intermediaries, insurers and reinsurers. If you would like to know how Markel deals with any data you may have provided us, please contact your Agent or Broker who will provide you with our contact details. Alternatively, please visit our privacy page at: <http://www.markelinternational.com/foot/privacy-policy/>.