

Livestock Proposal



RURAL
INSURANCE

PLEASE READ THE FOLLOWING IMPORTANT NOTES BEFORE COMPLETING THIS PROPOSAL

PLEASE ENSURE THAT YOU COMPLETE THIS FORM FULLY, CORRECTLY AND DISCLOSE ALL FACTS LIKELY TO INFLUENCE THE ACCEPTANCE OF THIS PROPOSAL.

SHOULD YOU HAVE ANY DOUBTS WHETHER OR NOT A FACT IS RELEVANT, YOU SHOULD DISCLOSE IT. OMISSION OR MIS-STATEMENT MAY AFFECT THE SETTLEMENT OF CLAIMS UNDER THIS POLICY OR MAKE THE POLICY INVALID.

Livestock Proposal

QUOTE REFERENCE:

GENERAL INFORMATION

Full Name

Home Tel. No.

Address

Work Tel. No.

Trading name (if different from above)

Date cover to commence. From

Description of all occupations

Address of Farm/Estate/Grass keep if different

Tel. No.

GENERAL INFORMATION

1. Has the proposer ever had insurance for the risks proposed? Yes No
2. Has an insurer ever terminated, declined or refused renewal or an insurance or imposed special conditions or requested an increased premium? Yes No
3. Are all your Livestock sound, healthy and free from defects? Yes No
4. Have any of your Livestock suffered illness, injury or disease? Yes No
5. Has the proposer any other Livestock of the same class which are not to be insured? Yes No
6. Has the proposer suffered any loss with respect to his Livestock during the last five years? If 'Yes', please provide dates, costs and circumstances of each loss below: Yes No

SECTION 9 - FOOT & MOUTH

A. To pay 25% of DEFRA compensation or 25% of market value, whichever is the lower

TYPE OF STOCK	MARKET VALUE	No OF HEAD	PLEASE STATE PERCENTAGE INDEMNITY REQUIRED IF MORE THAN 25%

B. To pay specified percentage of total value of herd on a monthly basis during infected period (maximum)

TYPE OF STOCK	INDEMNITY	PLEASE STATE PERCENTAGE INDEMNITY REQUIRED IF MORE THAN 25%

Please also complete the Supplementary Questionnaire at the back of this form

SECTION 10 - SWINE VESICULAR DISEASE

To pay 25% of DEFRA compensation. N.B. No loss admissible within 21 days of policy inception

TYPE OF STOCK	NUMBER	TOTAL VALUE	SUM INSURED 25% OF TOTAL VALUE
BOARS			
GILTS			
SOWS			
PORKER, STORES & YOUNGSTERS			

1. Is your herd self contained? Yes No

If not: What stock is brought in?

From where is it obtained?

How many pigs have been brought onto the premises during the past 28 days?

What quarantine arrangements do you have for pigs brought in?

2. To the best of your knowledge, has there been an outbreak of Swine Vesicular Disease during the past 28 days within 40 miles of your premises? Yes No

If 'Yes' please give details

SECTION 11 - AUJESZKY'S DISEASE

STOCK	NUMBER	MAXIMUM VALUE PER HEAD	MARKET VALUE
BOARS			
GILTS			
SOWS			
PORKER, STORES & YOUNGSTERS			

1. Are you a member of The Pig Health Scheme or PCHA?

Yes No

If 'Yes' when was the last blood test carried out by the MAFF?

2. What stock is brought into the unit?

3. Is stock purchased exclusively from one source of supply?

Yes No

If 'Yes' please state source:

4. Do you use one haulier exclusively?

Yes No

If 'Yes' please give details:

5. Is the source of supply a member of The Pig Health Scheme?

Yes No

6. From where do you purchase feed?

7. Are all pigs housed indoors permanently?

Yes No

If 'No' please give full details

8. Is there, to the best of your knowledge, an outbreak within a 10 mile radius of your premises?

Yes No

If 'Yes' please give full details

9. Have there been any clinical signs of Aujeszky's Disease at your premises in the last 20 days?

Yes No

If 'Yes' please give full details

SECTION 12 - EUROPEAN SWINE FEVER

1. Please state the total value of animals to be insured

2. Have any of the animals to be insured been purchased in the open market?

Yes No

If 'Yes' please give full details

3. Have any of the animals to be insured been fed swill or waste food?

Yes No

If 'Yes' please give full details

SECTION 13 - MAEDI VISNI

1. Please state the total value of animals to be insured

2. Date of accreditation:

3. Date of last test:

4. Result of last test:

Positive Negative

If 'Positive' please give full details

IMPORTANT

PLEASE NOTE THAT FAILURE TO DISCLOSE ALL MATERIAL FACTS WHICH UNDERWRITERS WOULD REGARD AS LIKELY TO INFLUENCE THE ACCEPTANCE AND ASSESSMENT OF THIS PROPOSAL COULD INVALIDATE THE INSURANCE. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT IS MATERIAL, YOU SHOULD CONSULT YOUR BROKER AND DISCLOSE IT IN WRITING ON A SEPARATE SHEET.

OUR LIABILITY DOES NOT COMMENCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE UNDERWRITERS . ANY OCCURRENCE AFFECTING YOUR LIVESTOCK AFTER THE SIGNING OF THIS PROPOSAL AND BEFORE COVER COMMENCES MUST BE DISCLOSED. WE RESERVE THE RIGHT TO ASK FOR SPECIAL TERMS OR TO DECLINE THIS PROPOSAL. YOU ARE STRONGLY ADVISED TO KEEP A COPY OF THIS PROPOSAL AND ANY OF THE INFORMATION SUPPLIED FOR THE PURPOSE OF ENTERING INTO THIS INSURANCE.

NOTICE

FOR THE PURPOSES OF THE DATA PROTECTION ACT 1998, THE DATA CONTROLLER IN RELATION TO ANY PERSONAL DATA YOU SUPPLY IS RURAL INSURANCE GROUP LIMITED.

DECLARATION

I/WE CONFIRM THAT IT IS IN ORDER TO RELEASE TO RURAL INSURANCE GROUP LIMITED ANY INFORMATION THEY REQUEST REGARDING MY/OUR PREVIOUS INSURANCE, INCLUDING CLAIMS HISTORY AND ANY SPECIAL TERMS OR CONDITIONS IMPOSED.

I/WE DECLARE THAT TO MY/OUR KNOWLEDGE AND BELIEF THAT THE INFORMATION GIVEN IN THIS PROPOSAL FORM IS TRUE AND COMPLETE. I/WE AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE INSURERS.

**Signature of
policyholder**

Date

VETERINARY SURGEON'S CERTIFICATE

Cattle & Sheep

Fees to be paid by owner

Address where animal(s) seen:

No & TYPE OF ANIMALS	SEX	BREED	COLOUR & DESCRIPTION	DATE OF BIRTH	IDENTIFICATION NUMBER	OWNERS ESTIMATE OF VALUE

PLEASE ANSWER THE FOLLOWING QUESTIONS WHEN LOSS OF USE/INFERTILITY COVER HAS BEEN REQUESTED UNDER SECTIONS ONE & FIVE:

1. Do the animals represent a normal breeding risk? Yes No

2. Are there any abnormal conditions affecting the genitalia or breeding organs? Yes No

If 'Yes' please give full details

3. Is there any other condition apparent which could affect the breeding ability? Yes No

If 'Yes' please give full details

I HEREBY CERTIFY THAT I HAVE THIS DAY EXAMINED THE SAID ANIMAL(S) DESCRIBED IN THE SCHEDULE 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. FURTHERMORE I HEREBY CERTIFY THAT NO INFORMATION WHICH OUGHT TO BE DISCLOSED HAS BEEN WITHHELD.

Name & Address of Veterinary Surgeon

Signature of Veterinary Surgeon

Date

TUBERCULOSIS DECLARATION

Proposers Name

1. Has any of the Proposers herd ever been tested positive in respect of Tuberculosis?

Yes

No

If 'Yes' please provide full details:

2. Have there been any Tuberculosis outbreaks in the last 12 months within a 10 mile radius?

Yes

No

If 'Yes' please provide full details:

3. Have you introduced any livestock within the last 12 months

Yes

No

If 'Yes':

When?

From where?

Were the animals tested negative for TB before they were introduced?

Yes

No

If 'No', please provide details:

4. Has any farm within a 10 mile radius had animals slaughtered as a result of Foot and Mouth and subsequently been restocked?

Yes

No

If 'Yes', please advise approximate distance from your own farm:

5. Please confirm:

(a) The date of the last Tuberculosis test

(b) The result

(c) The testing programme i.e. 1,2 or 3 years

(d) The date of your next test

SUPPLEMENTARY PROPOSAL FORM FOR FOOT AND MOUTH

If the space below is inadequate for your answer, please use another sheet of paper.

1. Are there any major thoroughfares running through or bordering your farm(s)?
Please provide plan(s) of motorways, A roads and B roads.

2. Give FULL details of ALL movements of the herd/flock in the last THREE months, stating the locality from which the animals originated and place of purchase in each case.

3. If your herd/flock is a closed herd/flock, how long has it been closed?

4. Does your land adjoin any other land with livestock?

Yes

No

If 'Yes', is the other livestock pigs, sheep, cattle, goats, or any other cloven hoofed animal?
Please provide details/plan below

5. What type of herd/flock do you have? e.g. pedigree, rare breeds

6. Please advise details of the nearest pig farm, if any?

7. Please provide exact details of the location of all your animals/farms, with a split in values/numbers for each farm

8. Please provide the number of animals of each type together with the sum insured

Type of animal	No. of animals	Sum Insured	Type of animal	No. of animals	Sum Insured

9. During the last outbreak, please provide proximity to:

(a) Infected farms		give full details:	
(b) Infected areas		give full details:	

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