



Before answering any of the questions, please read the declaration at the end of this proposal carefully

IMPORTANT NOTICE:

- a) Answer all questions fully. Replies such as "see your records ", or "previously stated" are not acceptable. If you have insufficient space to complete any of your answers, a separate sheet should be attached
- b) Signature of this Proposal does not bind the Proposer/Insurer to underwrite the insurance.
- c) You are required to initial each page of this Proposal as the disclosures made by you are binding on the Proposed Insurance Cover. It is your duty to disclose all material facts to Insurers.
- d) A Material fact is one that is likely to influence a prudent Insurer's judgement.
- e) Failure to disclose such a fact could prejudice your rights to indemnity in the event of a claim or cause Insurers to avoid your Policy.

A) IMPORTANT INFORMATION:

Are you currently insured? Yes___ No___

If Yes, provide full details of Insurer:

Have you had any claims in the past 12 months? Yes___ No___

If Yes, provide full details of date, specie and cause:

Has a policy ever been cancelled by an Insurer? Yes___ No___

If Yes, provide full details:



B) DETAILS OF OWNER OF ANIMAL/S: *(Person/Trustee/Director)*

Name of trust/business: _____

Position/Role: _____

Surname: _____

Full name: _____

ID-number: _____

Postal address: _____

Province: _____ Code: _____

VAT number: _____

Telephone: Home: _____ Work: _____

Cellular: _____

E-mail: _____

Does the owner have an association with or a financial interest in any other farm/organisation? Yes___ No___

If Yes, provide full details:

Does the business belong to any wildlife interest/study group or a specific group of breeders? Yes___ No___

If Yes, provide full details:



C) DETAILS OF PROPERTY ON WHICH ANIMAL/S OCCUR/WILL OCCUR:

Name of trust/business: _____

Physical address: _____

Code: _____ Province: _____

Contact person/manager: _____

Telephone: Home: _____ Work: _____

Cellphone: _____

Size of property: (ha) _____

Is the property adequately enclosed? Yes___ No___

Have there been any contagious or infectious disease/s on the property in the past 3 years? Yes___ No___

Have you lost an animal/s due to illness, injury, disease or accident within the last 3 years? Yes___ No___

If Yes, provide full details:

Which of the following have you ensured for fire prevention/fire management?
a. Firebreaks Yes___ No___

b. Water trailer/supply Yes___ No___

Is the habitat/environment suitable for the resident animal/s? Yes___ No___

What is the agricultural carrying capacity of the property? (hectares/large stock unit) _____

Has an ecological study been done on the property? Yes___ No___

Does the property have enough natural water for the animal/s? Yes___ No___

Please provide details with regards to the following managerial aspects (personnel):
a. Manager/s? Yes___ No___

Qualifications? Yes___ No___

b. Other staff? Yes___ No___

Qualifications? Yes___ No___



D) ANIMAL MANAGEMENT:

Which veterinarian do you use for the day to day treatment of animals on your property?

Practice Name: _____

Name and Surname: _____

Telephone: _____ Cellular: _____ Work: _____

E-mail address: _____

Is the property adequately enclosed? Yes___ No___

Do you have an enclosure certificate? Yes___ No___

How frequently are the animals monitored? _____

How frequently are faeces samples taken? _____

How frequently do troughs get washed? _____

How frequently do feedlots get washed? _____

Do you use any supplementary feed? Yes___ No___

If Yes, supply full details:

E1) CAPTURE AND TRANSLOCATION COVER: (You are required to provide a copy of the transport permit for transit cover to incept):

| Microchip number/ Tag No.: | Specify age: | Specie: | Purchase price: | Sum insured incl VAT: | Capture: | Transit: | Inception Date: |
|-------------------------------|--------------|---------|-----------------|--------------------------|----------|----------|-----------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |



E2) BOMACOVER:

| Microchip number/ Tag No.: | Specify age: | Specie: | Purchase price: | Sum insured incl VAT: | Boma: 7/30 days | Inception Date: |
|-------------------------------|--------------|---------|-----------------|--------------------------|--------------------|-----------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

E3) ALL RISK OF MORTALITY COVER:

| Microchip number/ Tag No.: | Specify age: | Specie: | Purchase price: | Sum insured incl VAT: | ARM 14/30 days 3/6/12 months | Inception Date: |
|-------------------------------|--------------|---------|-----------------|--------------------------|------------------------------------|-----------------|
| 1 | | | | | | |
| 2 | | | | | | |
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| 5 | | | | | | |

F) DECLARATION:

I/We declare that the statements and particulars in this proposal form are true and that I/We have not miss-stated or suppressed any material facts.

I/We agree that this proposal form, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected.

Signed at _____ on this day of _____ 20__

For and on behalf of: (Name of Business/Trust/Syndicate)

Signature of Director/Principal/Partner/Trustee

Name of signatory (Please print)