

Livestock Questionnaire



The Proposer

Name of proposer _____

Address _____

Past Experience

How long has the proposer been operating this business _____

What has their past experience been in shipping livestock _____

Livestock

Animal(s) to be insured (Where options of Yes or No are given please circle the appropriate one)

Item No	Species and sex	Identifying marks	Age	Pregnant	Sum insured
				Yes ~ No	\$
				Yes ~ No	\$
				Yes ~ No	\$
				Yes ~ No	\$
				Yes ~ No	\$
				Yes ~ No	\$
				Total sum insured	\$
				Freight costs	\$
				Grand total	\$

Details for Transportation of Livestock

From _____

To _____

incl situation of farm(s)

Date for commencement of risk _____

Overseas conveyance **Sea ~ Air** Name of carrier _____

Charter flight / vessel **Yes ~ No** *If yes, please attach copy of charter party agreement*

Quarantine/Isolation

Is cover for quarantine and/or isolation required **Yes ~ No**

If so, give situation of quarantine station and/or isolation farm _____

Period in quarantine / isolation _____

Details of Cover

Is cover required for

- a) Theft and escape **Yes ~ No**
b) Loss of foetus **Yes ~ No**

We need to know gestation period for each species to be insured including when the females were served and/or are due to deliver and confirmation that they are all certified as being pregnant.

- c) Loss of prepaid/committed airfreight **Yes ~ No**

We need to know the total freight costs and the cancellation conditions. ie under what conditions would the freight not be paid back.

- d) Failure to re-pass tests **Yes ~ No**

We need to know what the tests are for, how they are performed and confirmation that they will be performed in exactly the same manner by the importing country. Please attach a copy of the protocol.

- e) Loss of provender and/or veterinary supplies **Yes ~ No**

We need a schedule detailing what is to be insured and what the prime cost of those items are to the proposer. Please note this cover only applies in the event of total loss following total loss of the conveyance.

If yes to any of the above, please provide full details _____

Transit Route

Describe transit route (incl where insurance is to attach and cease together with all road, air and/or sea voyages and transshipment points if any) _____

Conditions for Livestock During Transit

Describe crating arrangements (incl approx size of crate and number of animals per crate) _____

Will a qualified veterinarian be accompanying the animals **Yes ~ No**

If yes, please provide name of veterinarian _____

If no, please explain why not _____

Will any other persons accompany the animals

Yes ~ No

If yes, please provide name of each person together with their relative experience including their familiarity with shipping procedures

Four horizontal lines for providing names and experience details.

General Information

General Questions

- a) Has there been any infectious animal disease in your district during the past 12 months Yes ~ No
b) Have any of your animals of the same species to be insured, died during the past 12 months Yes ~ No
c) Have any of the animals to be insured been treated for accident, disease or illness during the past 12 months Yes ~ No
d) Are the animals proposed for insurance healthy and free from injury Yes ~ No
e) Have you ever claimed under a policy insuring livestock, whether in transit or not Yes ~ No

If no to D above or yes to any of the other above questions, please provide full details

Eight horizontal lines for providing full details for questions a-e.

Has any company or underwriter at any time

- Ever declined your proposal Yes ~ No
• Cancelled your insurance Yes ~ No
• Required an increased premium or imposed special conditions Yes ~ No

Is your insurable interest as owner(s) Yes ~ No

Are there any other interested parties whom the proposal applies to Yes ~ No

If so, please provide full details including name of the interested party and the nature of their interest

Three horizontal lines for providing details of interested parties.

Declaration

I hereby certify that to the best of my knowledge and belief the above particulars are true and correct and that no information which would materially affect this insurance has been withheld.
Signed _____ Date / /

NOTE: The information given in this declaration forms the basis of the insurance contract and incorrect answers could invalidate the policy