



Proposal Form

Deer

You must take care in answering all the following questions which are relevant to Insurers in providing this insurance and setting the terms and premium. If you do not understand the questions or the nature of the information required please seek guidance from your insurance adviser. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or revised terms and/or premium or it may affect any claim you make under this insurance.

You should keep a record (including copies of letters) of all the information supplied.

You must tell us as soon as practicably possible about any changes to the information you have provided to us which happens before or during any period of insurance. We will tell you if such change affects your insurance and if so, whether the change will result in revised terms and/or premium being applied to your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

Please State cover required:

- | | | |
|--|--|--|
| <input type="checkbox"/> All Risks of Mortality | <input type="checkbox"/> Theft | <input type="checkbox"/> Government Slaughter Disease |
| <input type="checkbox"/> Restricted Perils | <input type="checkbox"/> Transit | <input type="checkbox"/> Loss of Use – Accident Sickness and Disease |
| <input type="checkbox"/> Embryo/Semen Collection | <input type="checkbox"/> Malignant Catarrhal Fever | <input type="checkbox"/> Velvet/hard Antler removal |
| <input type="checkbox"/> Other (please state): | <input type="text"/> | |

Requested period of insurance: From: To:

General Information

Insured Name:

Registered Address:

Tel. No.: Fax No.:

Email:

Date of registration if applicable:

Number of Years in Operation:

Business Turnover:

Number of employees:

Consumer Classification

Description

Consumer

A person who is acting for purposes which are outside his trade or profession

Micro Enterprise

Smaller businesses that have a turnover or annual balance sheet of not more than two million Euros and fewer than ten employees

Commercial

Larger businesses that have a turnover or annual balance sheet of **more than** two million Euros **and more than** ten employees

Details of Location where animals are kept

Location of Animals if different to above:

What species of deer are on the farm?

Are these locations manned 24 hours a day?

Yes No

Are animals checked on a daily basis?

Yes No

What species of deer are on the farm?

Is any part of this farm susceptible to flooding? Give information on flooding history during the last 10 years:

Is the farm considered to be in a flood plain?

Yes No

Distance from rivers creeks and natural watercourses:

Husbandry Information

For what purpose are animals farmed (e.g. breeding, rearing etc.):

Were these animals purchased?

Yes No

If **Yes**, please give details. If no, is the unit closed? If closed please state for how long it has been closed.

Please describe your production cycle: e.g. for beef - cows mated with bull or by AI (target to be in calf 80 days after calving), calves suckled for up to 6 months at pasture, weaning, rearing for 3 months at pasture until 500-550 kg, transferred to custom feedlot for finishing on a controlled diet and slaughter at 18-30 months):

If applicable what age / weight do animals leave farm:

What is the usual market for the proposed animals:

Please provide details of the water supply for animal consumption:

Is the effectiveness of the sanitising confirmed by independent microbiological testing on an **Yes** **No** annual basis if the water supply is not potable quality from public supply?

Is there sufficient supply to satisfy the consumption requirements of all the animals for at least 24 **Yes** **No** hours in an emergency?

What is the origin of feed for each location?

Please describe your worming program:

Describe your vaccination program (including vaccines given / frequency):

Are new animals held in isolation before joining the main herd?

Yes No

If **Yes**, please give details:

Are the animal's diets supplemented in any way?

Yes No

If **Yes**, please provide details and confirm whether this has been recommended by a veterinary surgeon or nutritionist:

What is the expected mortality rate for the unit / per annum?

Have you ever experienced losses greater than the expected mortality rate?

Yes No

If **Yes**, please state reason and preventative measures taken:

Do you have up to date stock and medical treatment records? In the event of a claim, you will be requested to provide this information:

Yes No

Are the proposed animals in sound health?

Yes No

If **No**, please give further details. Please note that it is normal practice for a veterinary certificate or Declaration Of Health to be requested before cover incepts:

Disease Information

Please complete the additional disease info sheet, if you require cover for disease insurance of any kind.

Does the unit carry a 'high health' status (i.e. is accredited free of disease)?

Yes No

If **Yes**, please list diseases within this criteria:

In the event of a breakdown of the high health status criteria how would your business / production be affected?

Have any animals on the property suffered from any illnesses, injuries, disease, or undergone surgery in the last 12 months? Yes No

If **Yes**, please provide full details:

Have there been any contagious or infectious diseases in the past 36 months? Yes No

If **Yes**, please provide further details:

To your knowledge are there any contagious or infectious diseases on the premises now? Yes No

If **Yes**, please provide further details:

Have there been any contagious or infectious disease within the locality (within 50km/30 miles) during the last 36 months? Yes No

What (if any) biosecurity procedures are in place to prevent the spread of disease? (e.g. wheel wash, visitor book, shower, isolation procedures of introducing animals to unit etc):

Are you subject to regular tests for animal diseases? Yes No

If **Yes**, please state diseases and frequency:

Veterinary Details

Name, full address and telephone number of your Veterinary Surgeon:

What is this distance from where the animals are normally located?

Insurance History

Are the proposed animals now insured or have they been insured previously?

Yes No

If **Yes**, give details including the names of Insurers:

Has any Insurer ever declined or refused to renew your Livestock Insurance?

Yes No

If **Yes**, give details:

Have any other animals that you own not been proposed for Insurance?

Yes No

If **Yes**, give details of why they are not proposed:

Have you been paid claims on livestock at any time?

Yes No

If **Yes**, please complete additional Loss History sheet:

Have any other Insurance in place for the proposed animals?

Yes No

If **Yes**, give details of such other insurance:

Are there any leases or mortgages on any of the animals?

Yes No

If **Yes**, give details:

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting **Yes** **No** or likely to affect the proposed insurance?

If **Yes**, please give full details:

Have you or any director, partner or principal of the business been convicted of arson or any offence **Yes** **No** involving dishonesty?

If **Yes**, please give full details:

Declaration

I/we declare that the information disclosed on this proposal, is to the best of my/our knowledge and belief both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.

Signature:

Please Print Name:

Dated:

