

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. How many years have you been in business?
7. Have any of your animals ever suffered any illness, disease or injury? YES/NO
8. Do you have any other livestock of the same class proposed which are not to be insured? YES/NO
9. Have you ever received any claim payment for the insurance proposed? YES/NO
10. 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
11. 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
12. 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
13. 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
14. Has any prosecution been made or notified under any public health legislation in respect of the farm? YES/NO
15. If you have purchased the Animal(s) you wish to insure and not bred them at home, did you ask the seller whether the animal has/had any pre-existing conditions? YES/NO

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

16. If you have purchased the Animal(s) you wish to insure and not bred them at home, did the seller declare any pre-existing conditions to you? YES/NO
17. Do you currently have the proposed insurance? YES/NO
If YES, who is your current insurer?
18. Is the farm part of a health scheme? YES/NO
If YES, provide details.
19. Is the herd closed? YES/NO
If NO, have any animals been imported in the last 2 years? YES/NO
20. Are any of your animals hired out? YES/NO
If Yes, please give details;
21. Are all your animals sound, healthy and free from defects? YES/NO
22. Is the farm location manned 24 hours a day? YES/NO
23. Is any part of the farm susceptible to flooding? YES/NO
24. How often is stock checked? DAILY/WEEKLY/OTHER
If 'other', please specify;
25. Please provide details of all biosecurity measures in place

IF THE ANSWER IS NO TO THE ABOVE QUESTION, OR ADDITIONAL COMMENTS HAVE BEEN REQUESTED PLEASE GIVE FULL DETAILS BELOW

Cover Required:

- 26. All Risks of Mortality YES/NO
- 27. Loss of Use YES/NO
- 28. Named Perils Only YES/NO

Schedule of Specified Animals

29. If Loss of Use cover is required has the **animal(s)** proved itself to be fertile, willing and capable of serving females by getting at least one female pregnant during its first breeding season. Please note "Yes" is required to qualify for the cover YES/NO

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.

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

Herd Schedule:

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	

PLEASE NOTE: An up to date Veterinary Certificate may be required depending on the sum insured per head per species. Your broker will advise you of this requirement if it is applicable. If we do require a veterinary certificate, until it 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.

30. 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;

Pre-Existing Conditions

Please note we do not cover any pre-existing conditions:

- a. that the animal has at the time you applied for this insurance (including if the **animal** is in remission at the time);
- b. that have been diagnosed or treated by a **veterinary surgeon**;
- c. that haven't been diagnosed or treated by a **veterinary surgeon**;
- d. that are seasonal in nature;
- e. that are currently or were previously being controlled by medication.
- f. that occurred before you purchased the animal

A pre-existing condition can be described as:

- a) Any injury, disease, illness, lameness, disability or abnormality occurring or existing prior to this **policy period**, endorsement attaching or **policy** extension.
- b) Any disease, illness, lameness, disability or abnormality that has occurred in any body part or organ of which the **animal** has more than one, will be considered as one lameness, illness, disability or abnormality if it occurs in another body part or organ.

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:

MARKEL INFORMATION NOTICE – FOR USE ON PROPOSAL FORMS AND IN POLICIES

Your personal information

The basics

We collect and use relevant information about you to provide you with your insurance cover and to meet our legal obligations.

This information includes details such as your name and address [and may include more sensitive details such as information about your health and any criminal convictions you may have].

The way insurance works means that your information may be shared with and used by a number of third parties in the insurance sector – but only in connection with the insurance cover that we provide to you.

Other people's details you provide to us

Where you provide us with details about other people, you must provide this **your personal information** notice to them.

Group policies

We will process individual insured's details, as well as any other personal information you provide to us in respect of your insurance cover, in accordance with our privacy notice and applicable data protection laws.

To enable us to use individual insured's details in accordance with applicable data protection laws, we need you to provide those individuals with certain information about how we will use their details in connection with your insurance cover.

You agree to provide to each individual insured this notice, on or before the date that the individual becomes an individual insured under your insurance cover or, if earlier, the date that you first provide information about the individual to us.

We are committed to only using the personal information we need to provide you with your insurance cover. To help us achieve this, you should only provide to us information about individual insureds that we ask for from time to time.

Want more details?

For more information about how we use your personal information please see our full **Markel privacy notice**, a copy of which is available online at <http://www.markelinternational.com/foot/privacy-policy/> or on request.

Contacting us and your rights

You have rights in relation to the information we hold about you, including the right to access your information. Please contact us at dataprotectionofficer@markelintl.com or in writing to the Data Protection Officer, 20 Fenchurch Street, London, EC3M 3AZ if you wish to exercise your rights, discuss how we use your information or request a copy of our full Markel privacy notice.