

Markel Bull Breeding Warranty Proposal From

Please note, you must complete and return this form to us along with the purchaser's details within 21 days of the date of the sale.

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. Period for which cover is required:
From: _____ To: _____

Schedule of Specified Animals

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

General Questions

5. Have any of your animals ever suffered any illness, disease or injury? YES/NO
6. Do you have any other livestock of the same class proposed which are not to be insured? YES/NO
7. Have you ever received any claim payment for the insurance proposed? YES/NO
8. 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
9. 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
10. 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
11. Has any prosecution been made or notified under any public health legislation in respect of the farm? YES/NO

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

12. Is the herd closed? YES/NO
If NO, have any animals been imported in the last 2 years?
13. Are any of your animals hired out? YES/NO
If Yes, please give details;
14. Are all your animals sound, healthy and free from defects? YES/NO
15. Are you the owner of the above animal(s) YES/NO

IF THE ANSWER IS NO TO THE ABOVE QUESTION, PLEASE GIVE FULL DETAILS BELOW

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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: