

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. Have any of your animals ever suffered any illness, disease or injury? | YES/NO |
| 7. Do you have any other livestock of the same class proposed which are not to be insured? | YES/NO |
| 8. Have you ever received any claim payment for the insurance proposed? | YES/NO |
| 9. 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 |
| 10. 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 |
| 11. 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 |
| 12. 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 |
| 13. 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.

- | | |
|---|------------------|
| 14. Do you currently have the proposed insurance?
If YES, who is your current insurer? | YES/NO |
| 15. Is the farm part of a health scheme?
If YES, provide details. | YES/NO |
| 16. Is the herd closed?
If NO, have any animals been imported in the last 2 years? | YES/NO
YES/NO |
| 17. Are any of your animals hired out?
If Yes, please give details; | YES/NO |
| 18. Are all your animals sound, healthy and free from defects? | YES/NO |
| 19. Please provide details of all biosecurity measure in place: | |

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

Specified Animals

Please only complete this section if cover other than Government Slaughter is required.

All Risks of Mortality Yes/No
Loss of Use Yes/No
Named Perils Only Yes/No

If Loss of Use cover is required;

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.

Schedule of Specified Animals

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

PLEASE NOTE: If the sum to be insured exceeds £2,500 (cattle) or £1,500 (sheep) an up to date Veterinary Certificate must be provided. Until a Veterinary Certificate 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.

1. 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;

Government Slaughter

Please complete Questions 1 and 2 for all Diseases and the relevant questions for the specific disease cover required.

20. Sum Insured Breakdown:

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	

Cattle over £2,500, Sheep over £1,500 and Pigs over £1,000 – please list;

Name	Ear Tag Number	Value (£)

21. Foot and Mouth Disease

YES/NO

Indemnity - 25% of ministry compensation or 25% of sum insured, whichever is the lesser.

Maximum value limit £2,500 any one cattle, £1,500 any one sheep and £1,000 any one pig, unless otherwise agreed by Underwriters. Animals exceeding these values to be individually declared and identified using Name and Tag Numbers.

22. Brucellosis (cattle only)

YES/NO

Indemnity - 25% of ministry compensation or 25% of sum insured, whichever is the lesser.

Maximum value limit £2,500 any one animal unless otherwise agreed by Underwriters. Cattle exceeding £2,500 to be individually declared and identified using Name and Tag Numbers.

- a) State date of accreditation.
 - b) Date of last test?
 - c) Result of last test?
- If POSITIVE, give full details:

Please give details of all reactors (other than above) during the last 3 years. (If NONE, please state so).

23. Bovine Tuberculosis (cattle only)

YES/NO

Indemnity - 25% of ministry compensation or 25% of sum insured, whichever is the lesser.

Maximum value limit £2,500 any one animal unless otherwise agreed by Underwriters. Cattle exceeding £2,500 to be individually declared and identified using Name and Tag Numbers.

- a) What is the frequency of DEFRA routine testing? BI-ANNUAL/ANNUAL/4 YEARLY
- b) Date of last test?
- c) What is the date of your next expected test?

- d) Has the farm had any reactors or inconclusives in the last **five** years? YES/NO

If yes, please list date, number of head and loss value and please **provide a TB test history from DEFRA.**

- e) Have there been any new outbreaks in the last 12 months of Tuberculosis at neighbouring farms or within a 10 mile radius? YES/NO

- f) Do your herd ever graze in the same field as another herd? YES/NO

- g) Does your herd have nose to nose contact with another herd (i.e. through a fence)? YES/NO

- h) Do your grazing fields contain badger setts or are situated where badgers are active? YES/NO

If Yes, please complete the questions below:

- Do you remove badger carcasses from the fields? YES/NO

How often do you use these fields for grazing?

- Have you fenced off badger setts to prevent access by cattle? YES/NO

- Have you fenced off badger paths and latrines? YES/NO

If No to any of the above, please comment further:

- i) How far from the ground are your:

Troughs?

Drinkers?

Mineral licks?.....

If any of the above are under 30 inches from the floor, please comment further:

- j) How do you prevent badger access to your farm buildings and your feed and feed stores (including silage pits)?

- k) How do you badger proof your gates and fences?

- l) Do you share winter housing with other herds? YES/NO

- m) Do you borrow bulls? YES/NO

If yes to l) or m) please provide details of biosecurity measures in place:

- n) How do you minimize the return of cattle from markets?
- o) What visitor contact does your herd have, including milk haulers, feed delivery personnel and anyone who may have contact with other herds?
- p) Do you provide a disinfectant footbath? YES/NO
- q) Do you disinfect vehicles coming onto the farm, if so which ones? YES/NO
- r) Do you clean and disinfect cattle housing and equipment before restocking a house YES/NO
- s) Do you change clothes and disinfect after visiting other herds and before coming into contact with your own cattle? YES/NO
- t) Do you share equipment or vehicles with other farmers YES/NO
- u) Do you disinfect any trailers or facilities that have housed newly purchased animals or animals that did not originate from your herd? YES/NO
- v) Do you use slurry or manure from other herds on your land? YES/NO
If Yes, to the above how long do you leave before grazing land after spreading slurry from other farms?
- w) Do your cattle have access to natural water sources? YES/NO

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.