



[Agriculture Lines]

## GENERAL LIVESTOCK LIABILITY APPLICATION

# GENERAL LIVESTOCK LIABILITY APPLICATION

## PART 1 GENERAL INFORMATION

Broker:

Broker Phone:

Broker Contact:

Broker Email:

Insured Name:

Mailing Address:

Province:

Postal Code:

Telephone No.:

Email:

Website:

**Additional Documentation to be included with your application:**

- Resumes of Directors, Officers, Partners, and Key Personal
- Standard Contract/ Terms of Engagement
- Company Brochure

## PART 2 COMPANY DETAILS

Date Company Established (DD/ MM/ YY):

For what purpose are animals farmed (e.g breeding, meat, dairy, wool etc.):

Livestock to be insured: Pigs:  Poultry:  Sheep:  Beef Cattle:  Dairy Cattle:  Exotics:  Other:

If Other or Exotics, please describe in detail:

## PART 3 COVERAGES REQUIRED

Please identify the type of cover which you require for your Livestock:

All Risks of Mortality – Accident sickness or disease resulting in death or human destruction

Restricted Perils – e.g. fire, lightning, flood and windstorm perils  Theft  Government Slaughter Disease

Road Transits  Other (Please Describe):

Proposed Policy Inception Date:

Please Identify the Period of Coverage required:  3 months  6 months  12 months  Other:

## PART 4 LIVESTOCK DETAILS

Please identify the Livestock for which the insurance is required, their value and the location of the farm at which they are held by completing in full the following Schedules to this Proposal Form:

Schedule 1 Herd/Flock Livestock Schedule

Schedule 2 Individual Livestock Schedule (for Animals valued at \$5,000 or above, for which individual insurance is sought)

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

Yes  No

If Yes, please provide details:

## PART 5 PREVIOUS INSURANCE COVERAGE

Are the proposed animals currently insured, or have they been previously?

Yes  No

If Yes, please give details including names of your current/previous insurers:

Has any Insurer ever declined to provide or refused to renew insurance for Livestock which you own?

Yes  No

If Yes, please provide details:

Are you seeking insurance for all the Livestock for which you own?

Yes  No

If No, please give details of why you are not seeking cover for the Livestock in question:

Have you previously made any claim in respect to Livestock losses?

Yes  No

If Yes, please provide details in Schedule 3 to this Proposal Form, "Previous Loss Experience"

Have you previously made any claim in respect to Livestock losses for which cover has been declined?

Yes  No

If Yes, please provide details for why coverage was declined:

Have you ever sustained any losses in Schedule 3 to this Proposal Form, "Previous Loss Experience"

## PART 6 RISK LOCATION

For the avoidance of doubt, the word "farm" as used in this Proposal Form includes any location at which you keep Livestock for which cover is required

If cover is required for Livestock which is kept at multiple farms, please answer the questions contained in this Proposal Form separately for each farm

Please submit a plan showing the layout of buildings and fences at each farm holding Livestock for which cover is required

Please identify the size of each farm for which cover is required:

---

Please identify the purpose for which Livestock is being farmed at each farm:

---

Please identify the type and height of security fence and gates around the farm(s):

---

Please provide construction details of the buildings used to hold the Livestock:

---

Please identify the stocking density of animals in each building:

---

Has each farm been in operation for more than 12 months under the current management?

Yes  No

---

If No, please provide details:

**Security:**

Is each farm for which coverage is sought manned 24 hours a day

Yes  No

---

If No, what security measures are in place to protect the farm(s)?

---

**Flooding:**

Is any part of the farm(s) for which cover is susceptible to flooding or located in flood plain?

Yes  No

---

If Yes, please provide details and give details of measures in place to evacuate Livestock in the event of a flood:

Has there ever been a flood at the farm(s) for which cover is sought?

Yes  No

---

If Yes, please provide full details and provide details/ circumstances/ dates of the flood and any Livestock affected:

Is each farm constructed so that flood water will run away from farm buildings and pens?

Yes  No

---

If No, please provide details of measures in place to mitigate any flooding event and protect Livestock:

Is there any risk that any farm lagoons (water or agricultural waste), whether located within or in the vicinity of the farm, might overflow and flood the farm(s) in the event of heavy rain?

Yes  No

---

If Yes, please provide details of the measures in place to mitigate any such flooding event and protect the animals:

**Heat Stress Mitigation:**

Does each farm have heat stress mitigation systems in place, e.g. are barns equipped with cooling fans and/ or cooling/ misting sprays for the animals?

Yes  No

---

If Yes, please provide details:

---

Are all barns containing animals monitored with an alarm covering minimum and maximum temperature and humidity?  Yes  No

If Yes, is there a maintenance contract for the alarm system?  Yes  No

If Yes, please state frequency of maintenance checks and whether these are recorded?

**Fire Safety:**

Please identify what type of firefighting equipment is provided at each farm:

Does each farm have a fire alarm?  Yes  No

Does each farm have a sprinkler system?  Yes  No

Is there a maintenance contract for all firefighting equipment, alarm/ sprinkler systems?  Yes  No

If Yes, how often are maintenance checks carried out and is this recorded?

**Electrical Supply:**

Please provide details of the electricity supply for animal care requirements and the availability of any alternative supply at each farm:

Is mains failure monitored by an alarm?  Yes  No

Is there a maintenance contract for the electricity supply and any alarm?  Yes  No

If Yes, how often are maintenance checks carried out and is this recorded?

Is each farm equipped with a back-up generator on site?  Yes  No

If Yes, please identify whether the back-up generator(s) is:  Automatic  Manual

How often is the standby generator(s) tested for functionality?

**PART 7 HUSBANDRY INFORMATION**

Is the herd closed at each farm?  Yes  No

If Yes, please state how long it has been closed:

If No, please give details

Have you ever suspected any sickness or death of Livestock due to contaminated feed or water?

Yes  No

If Yes, please give full details:

Please confirm the source of the water used at the farm(s):

Mains or town water

Surface water (dam or reservoir)

Bore water (underground water)

Is the water supply gravity fed?

Yes  No

Is water and food available at each farm sufficient to sustain the consumption needs of all the animals for at least 24 hours in an emergency?

Yes  No

What is the origin/ source of feed for each farm?

Are all feed storage locations covered and hygienically managed?

Yes  No  Other

If No or Other, please give further details:

Are the animals' diets supplemented in any way?

Yes  No

If Yes, please provide details and confirm whether such supplements are used on the advice of a veterinary surgeon or nutritionist:

Does each farm operate on a zero-graze system?

Yes  No

Are the animals checked daily?

Yes  No

Please provide details:

Does the farm have an approved parasitic prevention program in place? (Please attach if available)

Yes  No

Does the farm have an approved vaccination program in place? (Please attach if available)

Yes  No

Does the farm maintain accurate and current stock and medical treatment records?

Yes  No

Are all animals tagged or microchipped?

Yes  No

If Yes, please give details:

If No, are animals otherwise identifiable?

Are newly acquired animals held in quarantine before joining the herd?

Yes  No

If Yes, please provide details:

What is the average natural mortality rate for the unit/ per annum?

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

Yes  No

If Yes, please state reason and measures taken to address and prevent recurrence:

## PART 8 LIVESTOCK DISEASE INFORMATION

Have any animals on the property suffered from illnesses, injuries, diseases or undergone surgery in the last 12 months?

Yes  No

If Yes, please provide further details or a summary of regular issues and illnesses:

Has there been any incidence of contagious or infectious diseases at or within 10km of the farm(s) for which insurance is sought in the past 36 months?

Yes  No

If Yes, please provide further details:

To your knowledge, are there any contagious or infectious diseases at or within 10km of the farm(s) for which insurance is sought as at the date of this proposal form?

Yes  No

If Yes, please provide further details:

Are the proposed animals in sound health?

Yes  No

If No, please give further details:

Please advise usual percentage of animals or the herd which is likely to be in the hospital/ under treatment for general ailments at any one time: \_\_\_\_\_ %

Do you use biosecurity procedures to prevent the spread of disease at the farm(s) for which coverage is sought?  Yes  No

If Yes, please identify the same and attach copies of biosecurity procedures if available

In the event of a loss under this insurance, what compensation (if any) is receivable from the government and/ or organizations?

Do you regularly test Livestock for animal diseases?  Yes  No

If Yes, please identify the diseases for which the Livestock is tested and the frequency of the tests:

Does any government agency or other third party regularly test your Livestock for animal diseases?  Yes  No

If Yes, please identify the diseases for which the Livestock is tested and the frequency of the tests:

## PART 9 VETERINARY DETAILS

We will normally request the provision of a Certificate or Declaration of Health of your Livestock prior to the inception of cover. To this end, please provide details of the Veterinary Surgeon:

Name of your Veterinary Surgeon:	
Address:	
Telephone No.:	
How far is your Veterinary Surgeon's Clinic from the farm(s) containing the Livestock for which cover is sought?	
Does the Veterinary Clinic maintain 24-hour service?	

## PART 10 OTHER CIRCUMSTANCES

Are you aware of any other circumstances which have not already been disclosed, which affect, or which could affect the proposed insurance?

Yes  No

If Yes, please provide full details:

## PART 11 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **General Livestock** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **General Livestock** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Commercial General Liability** insurance policy:

Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

## PART 12 CLAIMS HISTORY

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or:  Yes  No
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or:  Yes  No
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or:  Yes  No
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?  Yes  No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$
			\$	\$

\*Please attach any available insurance company loss reports with this application

# NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.**

Signature of Applicant:

Position:

Please print name here:

Date:

## BROKER DECLARATION

How long have you known the Applicant?

---

Is this account new or renewal to you?

---

Have you personally viewed the Applicant's operations?

---

What is the condition of the facilities and equipment?

---

What is the applicant's attitude toward risk management and insurance?

---

Do you recommend this Applicant?

---

Broker Signature:

Position:

Please print name:

Date:



