

# LIVESTOCK APPLICATION

**LIVESTOCK/BLOODSTOCK Usual cover is against the Risks of Mortality, subject to various conditions, limitations and exclusions. A copy of the WORDING showing the full extent of the cover may be seen upon application to your Broker.**

**BEFORE ANY QUESTION IS ANSWERED READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL WHICH YOU ARE REQUIRED TO SIGN. ANSWER ALL QUESTIONS IN FULL.**

1. (a) OWNER'S FULL NAME (Mr/Mrs/Miss/Ms) and Address

(b) Occupation

2. SCHEDULE OF ANIMALS PROPOSED FOR INSURANCE

| Whether Horse, Cattle, Sheep or Pig | SEX<br>Male,<br>Castrated Male,<br>Female<br>or<br>Sterilised<br>Female | FULL DESCRIPTION<br>NAME, BREED,<br>COLOUR, MARKS<br>AND BRANDS,<br>AND ON WHAT<br>PART OF BODY<br>(If necessary attach a<br>further sheet) | AGE<br>(date of birth if<br>under<br>one<br>year) | Cash<br>Price<br>Paid | If<br>Purchased<br>state:<br>Details of<br>any<br>contingent<br>commission<br>or expense | Date of<br>Purchase | Sum to<br>be<br>Insured |
|-------------------------------------|---|---|---|-----------------------|--|---------------------|-------------------------|
|                                     |   |   |   |                       |  |                     |                         |

3. (a) Where are the above animals normally located?

(b) Are they stabled at night?

(c) Will they be kept in enclosed paddock?

(d) Will they be on OPEN RANGE at any time?

4. (a) For what purpose are the animals kept or employed?

(b) Are there any leases or mortgages on any of the animals?

If YES, give details.

5. (a) Are the animals sound and healthy?

(b) Give full particulars of defects or ailments, illness or disease, during last twelve months.

(c) Have any animals ever been fired or blistered?

If YES, give details.

6. (a) Is there any contagious or infectious disease on the premises now?

(b) Has there been any during the past twelve months?

(c) Is there any, to your knowledge, in the neighbourhood now?

If YES, to (a), (b), or (c), give details.

7. (a) How long have the animals been in your possession or care?

(b) Have any of the animals recently been imported into the neighbourhood?

If YES, when and from where?

8. (a) Are the animals now insured or have they been insured previously by you or your agent?

If YES, give details including the names of Insurers.

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

If YES, give details.

9. (a) Have you other Stock of like category which is not proposed for Insurance hereby?

If YES, give details.

(b) If all such Stock is not proposed for insurance hereby (or already insured) state why.

10. (a) How many animals of like category have you lost during the last two years, irrespective of class, type or breed?

(b) State cause and date of death in each case.

(c) Have you been paid claims on livestock at any time?

If YES, state how many, amount(s) and name(s) of Insurer(s).

11. (a) Name, full address and telephone number of your Veterinary Surgeon.

(b) What is his distance from where the animals are normally located?

12. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?

13. SPECIAL QUESTIONS: MALE ANIMALS

(a) Is any animal to be sold, or let on mortgage, commission, lien or hire?

If YES, give details.

In respect of each of the animals state

(b) Dates of beginning and ending of service season.

(c) Present service fee.

(d) Service fee last season.

(e) Number of own animals served last season.

(f) Number of other animals served last season.

(g) Whether service fee is on 'no foal (or offspring)-no fee' basis.

(h) Amount actually earned in last full season.

(i) Amount actually earned in current season to date.

(j) Bookings for remainder of current season.

(k) Bookings for next season.

(l) Have the animals been tested at any time for tuberculosis?

If YES, where and when, and with what result?

14. SPECIAL QUESTIONS: PREGNANT ANIMALS

- (a) Date due to give birth.
- (b) Fee paid for covering.
- (c) Year animal last gave birth.
- (d) Have any of the young been cast, aborted or stillborn?
- (e) Have you any other pregnant animals of like category?

15. SPECIAL QUESTIONS: HORSES

Has any horse been entered for or raced in any claiming, selling or combination race during the past twelve months?

If YES, state which horse(s) and lowest value of race(s).

16. RACING/SHOW RECORD during twelve months immediately prior to this proposal:

| Name | No. of entries | Placings | Total amount won |
|------|----------------|----------|------------------|
|------|----------------|----------|------------------|

DECLARATION

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of Owner

Date

## INSTRUCTIONS TO VETERINARY SURGEON

It is required in every case that each animal shall be examined outside the stall and that it should be made to move about to demonstrate soundness of limbs and freedom of action. Animals having vicious habits, that have suffered recurrent attacks of colic or bleeding, that are tuberculous or that have been un-nerved, are not insurable. Careful observation and enquiry should be made as to housing conditions and the presence of contagious or infectious disease.

### VETERINARY CERTIFICATE: I,

DO HEREBY CERTIFY that I have this day examined the:

| Breed | Colour | Sex | Age | Named | Sire | Dam | Markings | Owned by |
|-------|--------|-----|-----|-------|------|-----|----------|----------|
|-------|--------|-----|-----|-------|------|-----|----------|----------|

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- |  |        |
|--|--------|
| 1. (a) is any female animal pregnant?  | 1. (a) |
| (b) If YES, state which and expectant date and any symptoms detrimental to satisfactory breeding.  | (b)    |
| 2. Has any female a history of abortion?   | 2.     |
| 3. Are pulse and respiration of each animal normal?  | 3.     |
| 4. Are both eyes of each animal perfect?   | 4.     |
| 5. Does any animal manifest any indication of lameness of faulty conformation in any of its legs or feet?  | 5.     |
| 6. Is any animal subject to attacks of colic, bleeding, viciousness or tuberculosis?   | 6.     |
| 7. (a) Has any operation been performed on any animal?   | 7. (a) |
| (b) If YES, give details and state date and whether fully recovered and whether any likelihood of future danger to life as a result of such operation.   | (b)    |
| 8. Is there to your knowledge any contagious or infectious disease in the neighbourhood?   | 8.     |
| 9. As regards horses:  | 9.     |
| (a) Has the heart been auscultated, before and after exercise, and found normal?   | (a)    |
| (b) Have any animals been fired or blistered?<br>If yes, give details and state date and whether fully recovered and whether any likelihood of future danger to life or limb as a result of such firing or blistering. | (b)    |

(c) Has any neurectomy ('un-nerving') been performed on any animal

(c)

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**REMARKS:**

I found the housing to be \_\_\_\_\_ and  
I discovered \_\_\_\_\_ contagious or infectious disease present: and, except as  
noted above, I hereby certify that each animal is in sound health.

Signed

Qualificatio  
ns

Date of  
Examination

8/3/79  
NMA2067