

Farm Insurance Proposal Form

For Cornish Mutual use only

Inspector No.		Start date		Scheme No.	
Quoted Premium		New Policy No.		No. of policy to be cancelled or amended	
£		CF		CF	
£		FC		FC	
£		AR		AR	
£		GT		GT	

Please read the accompanying Summary of Insurance before completing this form and keep a record (including copies of letters) of all information supplied to us for the purpose of entering into the contract. Please use capital letters for your answers.

Details of the proposer(s)

Full name(s):

Full name(s):

Correspondence address:

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Tel: Mobile

Fax: Email:

Company website address (if any):

Trading Name (if any):

Are there any other joint owners or partners not already disclosed above? If 'Yes' please give details in the Additional Information box on page 5.	Yes/No
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Risk address

Risk address 1 as correspondence address (delete if not applicable)

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Risk address 2

.....

Risk address 3

.....

Risk address 4

.....

If any other risk addresses please include in the Additional Information box on page 5

Details of business

Please indicate the nature of your farming business by ticking the relevant box(es)

Mixed	Tick	Arable	Tick	Milk/Dairy	Tick	Beef	Tick
Sheep	Tick	Pigs	Tick	Fruit	Tick	Poultry and Eggs	Tick
Pedigree	Tick	Contracting	Tick	Campsite (maximum 5 pitches)			Tick

This proposal form is solely for the business activities you have indicated above. Any other business activity may require separate insurance.

If you have any business activities not listed above please discuss them with us.

Start date of insurance

What is your insurance renewal date	DD/MM/YYYY
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Details of Property

Are your farm buildings, walls, gates and fences in good order and repair? if no please give details	Yes/No
Details	
Is your machinery, plant and implements properly fenced and guarded?	Yes/No
Are your implements, plant & machinery regularly maintained?	

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Plan of the buildings

Please sketch a plan of your buildings here. If you have more than one risk address please continue on a separate sheet of paper.



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Will any of your animals be grazed on unfenced common land or moor land?	Yes/No
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Please state the maximum number of animals on your farmland in each of the following categories:

Type of animal	Maximum number of animals
Cattle	
Sheep	
Pigs	
Poultry	
Horses	
Other Please state	

If you have indicated that you have a horse(s) please describe the use(s) in the Additional Information box on page 5.

Additional Covers

Please indicate whether you require the following Additional Covers by completing the Cover required column and, the amount to be insured, in the Sum Insured column below. For each Additional Cover the Maximum Indemnity limit is the Sum Insured.

Additional Covers	Cover Required	Sum Insured
Sheep worrying	Yes/No	
Loss of Milk	Yes/No	
Loss of Milk including contamination cover	Yes/No	
Farm produce and supplies in transit	Yes/No	
Cattle Passports	Yes/No	
Loss of frozen semen straws or liquid flasks	Yes/No	
Loss of metered water	Yes/No	£2,500
Loss of revenue (12 months indemnity)	Yes/No	
Additional Cost of Working (12 months indemnity)	Yes/No	£10,000
Milk jars and glass pipelines	Yes/No	
Money	Yes/No	see Policy wording for limits

Indemnity periods longer than 12 months for loss of revenue or additional cost of working are available on request.

Public Liability

Do you require Public Liability insurance?	Yes/No
Please state the total acreage of your farmland including land which you lease, rent or have as grass keep. (1 hectare = 2.47 acres).	
What is your current turnover?	£
What percentage of your turnover is generated by Agricultural Contracting activity?	%

Employer's Liability

Do you require Employers' Liability insurance?	Yes/No
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Important note: where Employers' Liability insurance is required your Public Liability insurance must also be insured with Cornish Mutual.

Please state the number of persons permanently employed in a full-time, part-time or regular capacity in the business (including members of your family but not partners)	
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Do you hire casual labour?	Yes/No
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What annual wages do you pay:	Regular Employees	£
	Casual Employees	£

Tenant's Liability

Do you require Tenant's Liability insurance?	Yes/No
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Please state the Sum Insured required for:	Farm house	£
	Farm buildings, fences, gates and growing hedges	£

Interested Parties

If the name of any mortgagee or any other interested party is to be recorded in the policy please state the name and address of such party and the nature of the interest.

Name:	
Address:	
.....	
Mortgage account no./ reference no.	

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Important Information

Please read the following carefully before you sign and date the Declaration.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

The insurance we offer is based upon the information provided to us and you must ensure that all information is complete and accurate and that any facts which may influence our decision to accept the risk on the terms offered have been disclosed. This duty to disclose information continues throughout the life of a policy and at each renewal. If you fail to disclose material information you may invalidate your insurance cover which may mean that part, or all, of any claim may not be paid.

We recommend that you keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into this insurance.

Please tick the box if you would like a copy of this proposal sent to you.

Marketing Preferences

From time to time Cornish Mutual would like to keep you up to date with information and offers on other insurance products and services that we feel may be of interest to you. We respect your privacy and will **never** share your information outside Cornish Mutual and its agents for marketing purposes. We also **won't inundate you** - we'll only ever alert you to products or offers we think you may benefit from.

No I do **not** wish to receive offers or information from Cornish Mutual by post.

Yes please send me news, offers and information from Cornish Mutual by email.

Please note you will be given the option to unsubscribe from emails at any time.

Declaration

I/we declare that to the best of my/our knowledge and belief the answers given are true and complete.

I/we agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of the Cornish Mutual Assurance Co. Ltd.

I/we declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurers Policy(ies).

I/we agree that the information provided on this proposal form and any information supplied by me/us shall be incorporated in and form part of the insurance contract

I/we wish to effect insurance with, and apply to become a member of The Cornish Mutual Assurance Company Limited in accordance with the terms of the Company's Memorandum and Articles of Association.

Before signing the Declaration please check your answers carefully particularly if this proposal form is not completed in your own hand.

Signature of Policyholder(s)

Position held..... Date