Livestock Insurance Proposal Form

For Cornish Mutual use only

Inspector's No.	Start Date	Quoted annual premium £	Number of policy to be cancelled or amended.	**Policy Number:** LS

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.

If more than two people please add additional information to the box underneath

Details of the proposer(s)

Full name: ..... Full name: .....

Trading name (if any):.....

Correspondence address: .....

.....

Tel: ..... Mobile .....

Fax: ..... Email: .....

Business website address (if any):.....

If an animal is a bull, or is a cow or heifer to be insured for more than £5,000 or is a pig or sheep to be insured for more than £500, a veterinary surgeon's certificate is required (see summary of insurance for details).

Livestock to be insured

No.	Name or other identification	Ear tag number	Breed	Sex	Age	Sum Insured
1						£
2						£
3						£
4						£
5						£

If the reply to any question below is 'Yes' please give full details in Additional Information below

Is/Are the proposed animal(s) to be added to an existing policy?	Yes/No

Health and Condition

Is any proposed animal unsound or in poor health?	Yes/No

Has any proposed animal:	suffered any illness or injury in the last 3 years?	Yes/No
	received any operative treatment in the last 3 years?	Yes/No
	been exposed to contagious or infectious disease in the last 12 months?	Yes/No

General Information

Have you or has any partner or director in your business:	been refused insurance or had special conditions imposed?	Yes/No
	had any loss caused by any of the risks to be insured in the last 3 years?	Yes/No
	ever been convicted of, or received a formal police caution for, or is any prosecution pending in respect of, arson or any offence involving dishonesty of any kind, e.g. fraud, robbery, theft or the handling of stolen goods?	Yes/No

Additional Information

Please add any additional details here .....

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Additional Information Continued

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.

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

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.

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 you own hand.

Signature of Policyholder..... Signature of Policyholder.....
(if joint insured)

Position held.....
(if company or partnership)

Date..... Date.....

Veterinary Certificate

This certificate is to be completed by a Veterinary Surgeon at the proposer's expense

1	The animal's name or number	Name	Number
2	Breed and year of birth	Breed	YOB
3	The date and place of examination	Date	Place
4	From visual examination were any conditions of defect, illness or injury seen?		Yes/No

If Yes please give details in the additional information box below

5	If a bull, on the basis of a clinical inspection is the bull's confirmation suitable for the purpose for which the insurance is required?	Yes/No

If No please give details in the additional information box below

Additional Information box

Signed: ..... Dated: .....

Name of Veterinarian .....

Name of Veterinary practice .....

If additional copies of the Veterinary Certificate are required they can be photocopied, obtained from your Insurance Inspector or the Underwriting Department.

Cornish Mutual

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