

## PROPOSAL FORM FOR ALPACA INSURANCE

Cover is against the Risks specified in the schedule and subject to various conditions, limitations and exclusions. A copy of the WORDING will be provided upon request.

**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.**

### GENERAL INFORMATION

Name:

\_\_\_\_\_

Postal address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Location of Animals:

\_\_\_\_\_

\_\_\_\_\_

Is the location that the alpacas are kept at manned 24 hours a day? \_\_\_\_\_

### ALPACA INFORMATION

1. Please list the animals to be insured, if necessary please attach on a separate sheet

Name and Tag	Sex	DOB	Type (Huacaya/Suri)	Purchase Price/Date	Insured Value

2. Number of years experience in Alpaca Farming:

\_\_\_\_\_

3. Are you a member of an alpaca breed association/ society? If YES, which \_\_\_\_\_

4. Farm Size (hectares): \_\_\_\_\_

5. Stocking density per acre/ hectare \_\_\_\_\_

6. Describe the paddock fencing:

\_\_\_\_\_

7. Describe the shelter facilities available to the animals:

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8. Does any other livestock share the grazing at the farm? (if YES what type of livestock) \_\_\_\_\_

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9. Have any of your animals been imported? (If YES when and where were they imported from \_\_\_\_\_

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10. How long have the animals been in your possession or care? \_\_\_\_\_

**11. FEMALES ONLY**

Name/Tag	Is female due to give birth during the policy period, if so when?	How many cria have been lost at birth?	Does the female have any trouble giving birth?

**12. MALES ONLY**

Name/Tag	Has the male commenced stud duties?	Service fee	Number of females serviced	Number of these females confirmed in cria

**HUSBANDRY INFORMATION**

13. How Frequently are the Alpacas wormed? \_\_\_\_\_

14. How Frequently are Faecal Worm/parasite egg counts carried out? \_\_\_\_\_

15. Date of last Faecal Worm/parasite egg count? \_\_\_\_\_ ( Please enclose results)

16. Describe your vaccination program (including vaccines given/frequency) \_\_\_\_\_

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17. Describe the diet of the alpacas: \_\_\_\_\_

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18. Are the animals diets supplemented in any way if so with what? \_\_\_\_\_

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19. Have the alpacas or other animals on the property suffered from any illnesses, injuries or disease on the

property in the last 12 months? (If YES please give details)

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20. Are the alpacas sound and healthy? (if NO please give further details): \_\_\_\_\_

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21. Have there been any contagious or infectious diseases in the past twelve months? (if YES, please provide further details) \_\_\_\_\_

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22. To your knowledge are there any contagious or infectious diseases on the premises now? (if YES, please provide further details) \_\_\_\_\_

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23. Name, full address and telephone number of your Veterinary Surgeon)

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24. What is the distance from where the animals are normally located? \_\_\_\_\_

25. Have you ever sustained a loss of an animal by any of the contingencies which you propose to insure? (If YES please give details

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### **INSURANCE HISTORY**

26. Are the alpacas now insured or have they been insured previously by you or your agent? (if YES, give details including the names of Insurers)

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27. Has any Insurer ever declined or refused to renew your Livestock Insurance? (If YES, give details) \_\_\_\_\_

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28. Have you other alpacas which are not proposed for Insurance? (If YES, give details of why alpacas are not Proposed) \_\_\_\_\_

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29. How many alpacas have you lost during the last three years? (state cause and date of death in each case)

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30. Have you been paid claims on livestock at any time? (If YES, state how many, amount(s) and name(s) of Insurer(s))

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31. Are there any leases or mortgages on any of the animals? (If YES, give details)\_\_\_\_\_

32. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? If so please give full details \_\_\_\_\_

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**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 \_\_\_\_\_

The completed Proposal Form should be returned to  
**Armitage Livestock Insurance Agency Limited,**  
**2 Bladen Close, Weybridge, Surrey. KT13 0JA, England**  
Tel: 0044 1932 856486 Fax: 0044 1932 846607 Email: [info@ArmitageLIA.com](mailto:info@ArmitageLIA.com)

**CERTIFICATE OF CAMELID VETERINARY EXAMINATION**  
**For alpacas aged 60 days or over**

Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Animal I.D.:Colour: \_\_\_\_\_

Ear Tag: \_\_\_\_\_ MicroChip No.: \_\_\_\_\_

Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ (or) Estimation of Age: \_\_\_\_\_

This is to certify that I \_\_\_\_\_, have today examined the animal described above, and my opinion at the time of examination is as follows:-

**DETAILS OF EXAMINATION**

**1. Limbs and Locomotion:**

Lameness: YES/NO Comment: \_\_\_\_\_

Limb Deformities: YES/NO Comment: \_\_\_\_\_

Feet/Cleats/Pads: Normal/Abnormal Comment: \_\_\_\_\_

Joints: Normal/Abnormal Comment: \_\_\_\_\_

**2. Lymph Glands:**

Normal/Abnormal Comment: \_\_\_\_\_

**3. Condition:**

Poor/Lean/Good/Overweight

(Note: Lean condition in camelids is not necessarily abnormal)

**4. Eyes:**

Visual Assessment: Normal/Abnormal Comment: \_\_\_\_\_

Examination with magnification  
in dark area:

YES/NO

Cornea: Normal/Abnormal Comment: \_\_\_\_\_

Lens cataracts observed: YES/NO

Persistent pupillary membrane: YES/NO

Further observations: \_\_\_\_\_

**5. Teeth:**

Are incisors level with hard pad: YES/NO

Are incisors Normal/Undershot/Overshot If Undershot or Overshot, state by how much e.g., < or > 5mm .....

Number of incisors present: \_\_\_\_\_

Structure of incisors: Very Good/Good/Poor

**6. Mandible Palpation**

Normal/Abnormal Comment: \_\_\_\_\_

**7. Cardiovascular System auscultation:**

Normal/Abnormal Comment: \_\_\_\_\_

**8. Respiratory System Examination:**

Normal/Abnormal Comment: \_\_\_\_\_

**9. a) MALE**

Both testicles present: YES/NO

Measurements: Left: Length.....cm Width.....cm

Right: Length..... cm Width..... cm

(Note: Average length 4cm, width 3cm in adult alpaca at approximately 3 years of age)

Penis examined: YES/NO Normal/Abnormal

Preputial adhesion: YES/NO

(Note: The prepuce can be adhered to the penis up to 2 to 3 years of age in some males. Normal finding).

**b) FEMALE** External genitalia and mammary glands: Normal/Abnormal

**10. Comments**

Other comments / detected abnormalities / or relevant information regarding examination:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Qualifications** \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY OWNER**

1. Breeding history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Female - History of Dystocia: YES/NO

Last mating recorded: \_\_\_\_\_

Tests done to support pregnancy status and dates: \_\_\_\_\_  
\_\_\_\_\_

**3. a) Vaccination History**

Last reported date of anti-clostridial vaccine: \_\_\_\_\_

Vaccine used: \_\_\_\_\_

**b) Worming History**

Last herd worm egg count: \_\_\_\_\_

Included liver fluke examination: YES/NO Present/Absent

Included coccidian examination: YES/NO Present/Absent

Last date of worming and product used: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

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**CERTIFICATE OF CAMELID VETERINARY EXAMINATION**  
**(For young cria from seven days of age – 60 days of age)**

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Animal I.D.:Colour: \_\_\_\_\_

Ear Tag: \_\_\_\_\_

MicroChip No.: \_\_\_\_\_

Sex: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

This is to certify that I \_\_\_\_\_, have today examined the animal described above, and my opinion at the time of examination is as follows:-

**DETAILS OF EXAMINATION**

**1. Limbs and Locomotion:**

Lameness: YES/NO Comment: \_\_\_\_\_

Limb Deformities: YES/NO Comment: \_\_\_\_\_

Feet/Cleats/Pads: Normal/Abnormal Comment: \_\_\_\_\_

Joints: Normal/Abnormal Comment: \_\_\_\_\_

**2. Lymph Glands:**

Normal/Abnormal Comment: \_\_\_\_\_

**3. Condition:**

Poor/Lean/Good/Overweight

(Note: Lean condition in camelids is not necessarily abnormal)

**4. Eyes:**

Visual Assessment: Normal/Abnormal Comment: \_\_\_\_\_

Cornea: Normal/Abnormal Comment: \_\_\_\_\_

Lens cataracts observed: YES/NO

Persistent pupillary membrane: YES/NO

Further observations: \_\_\_\_\_

**5. Teeth:**

Are incisors level with hard pad: YES/NO

Are incisors Normal/Undershot/Overshot If Undershot or Overshot, state by how much  
e.g., < or > 5mm .....

Number of incisors present: \_\_\_\_\_

Structure of incisors: Very Good/Good/Poor

**6. Mandible Palpation**

Normal/Abnormal Comment: \_\_\_\_\_

**7. Cardiovascular System auscultation:**

Normal/Abnormal Comment: \_\_\_\_\_

**8. Respiratory System Examination:**

Normal/Abnormal Comment: \_\_\_\_\_

**9. External genitalia: Normal/Abnormal**

**10. Is there any evidence of any congenital or hereditary defect: YES/NO**  
If Yes, give details

\_\_\_\_\_

**11. Has an Igg measurement been taken YES/NO**  
If Yes, please give results

\_\_\_\_\_

**12. Comments**

Other comments / detected abnormalities / or relevant information regarding examination:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Qualifications:** \_\_\_\_\_

\_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY OWNER**

1. **Was the birth normal or assisted:** Normal/Assisted

If assisted, give details:-

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2. **Was the cria seen to suckle in the first few hours after birth:** YES/NO  
(‘Few’ means less than eight hours)

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3. **Date the dam was last vaccinated with anti-clostridia dose prior to parturition:** Date\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date**\_\_\_\_\_

**Print name** \_\_\_\_\_

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