



FERTILITY INSURANCE PROPOSAL FORM (Private Sales Only)

1. Name and address of Proposer.....

2. Identification of Bull:	Name	Tattoo No.	Tag No.	Date of Birth	Selling Price
Breed					

..... £.....

3. How many bulls have you sold this year?.....

4. How many bulls have you insured for fertility?.....

5. If there is a difference, please give reason.....

.....

6. Over the last 5 years, approximately how many bulls have you sold?.....

Precisely how many of these have proved to be infertile?.....

7. Has the bull which you are insuring now been tried by yourself or any other person?.....

8. What was the result?.....

9. Date bull sold.....Date bull collected by, or delivered to Purchaser

10. Name and address of Purchaser.....

.....

.....

11. Name and address of your usual Veterinary Surgeon.....

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.....

DECLARATION

I hereby declare that the abovementioned bull is in a sound state of health and has been free from injury, illness, lameness or other abnormality during the past 12 months, and has never been rejected by a Society, Panel of Inspectors or Veterinary Surgeon, and that I have no reason to suspect that this bull might be infertile.

I further declare that I have not withheld any material information concerning this insurance and agree that this declaration shall be the basis of the contract between myself and Underwriters.

Signed.....

Date.....

The completed Proposal Form should be returned to
Armitage Livestock Insurance Agency Limited, 2 Bladen Close, Weybridge, Surrey. KT13 0JA, England
Tel: +44 (0)1932 856486 Fax: +44 (0)1932 846607 Email: info@ArmitageLIA.com

VETERINARY SURGEON'S CERTIFICATE OF HEALTH

Has the bull a tattoo: Yes/No Is it clearly visible: Yes/No If 'Yes' please note tattoo number here.....

Has the bull a tag number: Yes/No Is it clearly visible: Yes/No If 'Yes' please note tag number here.....

Has/Have the bull(s) been used for mating? YES / NO If YES, are there any progeny yet born? YES / NO

Have you examined the external genitalia? YES / NO

Are the external genitalia of normal structure and consistency? YES / NO

Are the testicles fully descended? YES / NO Maximum scrotal circumference in cm?.....

Have you observed the bull(s) mating? YES / NO

If YES - Did the bull(s) mount satisfactorily? YES / NO

Was/were the bull(s) keen to work? YES / NO

If NO - Did you observe the animal walking? YES / NO

Was there any evidence of lameness, abnormal gait or back pain? YES / NO

REMARKS: If "None", write "None"

I hereby certify that I have this day examined the bull(s) described above and in my opinion the same is/are sound and in good condition and I know of no reason why fertility insurance should not be granted. Further, to the best of my knowledge and belief no information which ought to be disclosed has been withheld, except as noted below:

Name and qualification:

Address:

Telephone number:

Signature.....

Date.....

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