



Frozen Bovine Semen or Embryos Insurance

Proposer's full name and address:

Location of risk if insurance required for in-situ:

Number of Straws/Embryos	Identification of Straws/Embryos	Value Per Straw/Embryo	Identification of Tank

The following additional details are required if insurance is required for semen/embryos in transit

Date Insurance to commence. Being the date the semen is collected for transport	Address from where the semen is being collected	Destination Address	Journey Route