



## LIVESTOCK INSURANCE PROPOSAL FORM – (Heifer/Cow)

Owner's full name  
and address:

Telephone number:

Email address:

<u>SEX</u>	<u>FULL DESCRIPTION</u>	<u>AGE</u>	<u>DATE AND PLACE OF PURCHASE</u>	<u>CASH PRICE PAID</u>	<u>SUM TO BE INSURED</u>
<u>Breed/Name/Number/Tag/Tattoo Numbers</u>					

Name and address of Vendor if animals  
recently purchased:

If not recently purchased, how long have the  
animals been in your possession or care?

Location of animals if different to address shown above?

Are these locations manned 24 hours a day?

Are the animals checked on a daily basis?

Number of years in operation?

What type of production are you involved in?

For what purpose are the animals farmed?

Is there any contagious or infectious disease on the premises now?

Has there been an outbreak of any notifiable disease within a 40 mile  
radius of your farm within the past 3 months? If Yes, give details.

Is any part of the farm susceptible to flooding? If Yes, give details.

Are the animals housed at any time?

If Yes, give details of buildings and fire fighting equipment:

Describe worming/vaccination programmes:

Is the herd closed, or are new animals held in isolation  
before joining the main herd? Give details

Are the proposed animals now insured or have they been previously insured by you or your agent?

If yes, please give details including the names of the Insurers.

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Has any Insurer ever declined or refused to renew your Livestock Insurance?

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What losses have you had amongst your stock during the last three years whether insured or not? Give nature and date of loss.

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Have you other animals not being proposed for insurance? If Yes, give details of why they are not being proposed for insurance.

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Have you ever sustained a loss of an animal by any of the contingencies which you propose to insure? If Yes, give details

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Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? If YES, give details.

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**SPECIAL QUESTIONS: FEMALE ANIMALS**

Date due to give birth:

Date animal last gave birth:

Have any of the young been aborted or stillborn? If yes, give details.

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Name and Address of your usual Veterinary Surgeon:

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Has any other person or company any financial interest in this animal? Has any financial aid been received, or expected to be received in respect of this animal, e.g., Beef Quality Initiative Scheme payment? If so, please give their name and address and state their interest.

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**DECLARATION**

I hereby declare that the abovementioned animal(s) is/are in a sound state of health and has/have been free from injury, illness, lameness or other abnormality during the past 12 months, or since purchase, whichever is the latter, and is/are not now insured elsewhere.

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 Underwriters and myself.

Signature.....

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](mailto:info@ArmitageLIA.com)

## VETERINARY SURGEON'S CERTIFICATE OF HEALTH

Name of Animal:

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

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

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### FOR HEIFERS/COWS ONLY

Date due to give birth:

Date animal last gave birth:

Have any of the young been aborted or stillborn?

If yes, give details:

Has the animal been flushed?

If yes, give details, i.e., dates and numbers of eggs etc.

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REMARKS: If "None", write "None"

I hereby confirm that I have examined the animal(s) described above and in my opinion the same is/are sound and in good condition and I know of no reason why insurance should not be granted. Further, to the best of my knowledge and belief, the animal(s) has/have not suffered any accident, illness or disease during the past twelve month, except as noted above, and no information which ought to be disclosed has been withheld.

Name and qualification:

Address:

Telephone number:

Signature.....

Date.....

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