



PUBLIC LIABILITY INSURANCE PROPOSAL FORM

Before completing the proposal please refer to the Summary of Cover. Please answer the questions fully and do not withhold or misrepresent any facts, which are likely to influence the Company's assessment and acceptance of this proposal. You have a duty to disclose all material facts and failure to do so could invalidate the insurance. Copies of all information including letters supplied to us for the purpose of affecting this insurance should be retained. A specimen policy is available on request.
Please use BLOCK CAPITALS or TICK the BOXES as appropriate.

Insurance to commence for 12 months from:..... Telephone number

Proposer's name(s) in full and trading name if applicable

Address

Postcode

Occupation:

Number of alpacas.....

Number of acres of land animals are on

Number of years experience in alpaca farming?

Are the animals kept away from your house? YES NO
If "yes" please give details:

Is there a public footpath through the land? YES NO

Do you require cover to attend shows? YES NO
If Yes,
Approximately how many shows do you intend taking the alpacas to
in the next 12 months?

Approximately how many alpacas per show will you take ?

Have there been any incidents during the past 3 years that would have given rise
to a public liability claim against you? YES NO

If 'Yes', please give full details and provide name and address of previous insurers and policy numbers

Are you a member of any Trade Association or Regulatory body
If so please provide details:

YES NO

Is any work in connection with your alpacas undertaken away from your premises?
If yes, please give full details of the type of work undertaken and confirm if this amounts
to more than 10% of the smallholdings activities and wages.

YES NO

Describe the fencing and security measures in place where proposed animals are kept:

Does the public have access to areas where animals are kept
If yes, please give details:

YES NO

Have you, the proposer, or any principal, director or partner under a current or any previous trading title

a) Been declared bankrupt or insolvent or been subject to a County Court Judgement
or are any proceedings pending?
If "yes" please give details

YES NO

b) been convicted of arson or other criminal offence (other than motoring offences) or is any
prosecution pending?

YES NO

If "yes" please give details

c) in respect of any of the risks against which you now wish to insure
(i) had special terms imposed by any insurer or had insurance cancelled or declined?

YES NO

(ii) suffered loss or damage by any cause or incurred any liability during the last five years?

YES NO

Public Liability Limit of Indemnity required: (a) £1,000,000 (b) £2,000,000 (c) £5,000,000
*Please note that if you intend taking alpacas to national shows, it is most likely you will need insurance for
£5,000,000. However, it is your responsibility to establish the level of indemnity required.*

DATA PROTECTION ACT 1998

By signing this Proposal Form I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling which may necessitate your providing such information to third parties

Please read the declaration carefully and check the answers you have given before signing the proposal form

Declaration

I/We (or, in the case of a partnership or a limited company, any one of the partners or directors)

a) declare that to the best of my/our knowledge and belief the answers given are true and complete in every respect and all material particulars which may affect the assessment of the risk have been disclosed. If any written answer has been made by another person, such person shall for that purpose be deemed to be my/our agent and not the agent of the Company

b) understand that the Company reserves the right to contact previous insurers to verify the information contained in this form

c) agree that this proposal and declaration shall be the basis of the contract between me/us and the Company and shall be deemed incorporated into such contract

Signed Position Date

Print Name.....

(All signatures required if proposal is in joint names)

Cover does not commence until the proposal has been accepted by the Company unless otherwise agreed
SC 2962 06.06

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