

## Smallholders Protection Proposal

Before completing the proposal please refer to the Summary of Cover. This will assist you to select the sums insured and sections, which you require. 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

Telephone number

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

<b>Address</b>
<b>Postcode</b>

<b>Email:</b>
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### Your Business

Acres of land animals are on

How many years experience do you have? .....

How many employees do you have? .....  
(NI Numbers to be supplied in the event of a loss)

Is any work undertaken away from your premises?  
YES / NO

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.

Are the animals kept away from your house?  
YES / NO

Is there a public footpath through the land?  
YES / NO

Do you require cover for Horses?  
YES / NO

Do you require cover to attend shows?  
YES / NO

If Yes, how many animals will you take? .....

**Public Liability Limit of Indemnity required**

£1,000,000 / £2,000,000 / £5,000,000

Have there been any claims made against you or the business in the last three years?

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

YES / NO

If so please provide details .....

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

Does the public have access to areas where animals are kept?

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?

YES/NO

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

YES / NO

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

**Important**

In accordance with the Data Protection Act 1998 I/we understand that my/our personal data will be used by Crowe Livestock Underwriting Limited, for the purposes of my/our insurance. This includes underwriting, processing, claims handling and fraud prevention, which could involve passing details to agents of Crowe Livestock Underwriting Limited or other insurers. I/we also understand that I am/we are entitled to a copy of my/our personal data held by Crowe Livestock underwriting Group Limited, upon payment of a fee.

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** .....

**Print Name**..... **Date** .....

(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**

**Proposer’s consent clause, NMA 2866, to be completed if insurance is being requested by a private individual:**

**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

**Date cover required from:** .....

**Signature of Proposer:** ..... **Dated**.....

Number of Animals	Breed of Animals	Value per head

**DATA PROTECTION ACT 1998 - PROPOSER’S CONSENT CLAUSE**

I/We hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

**Signed:** .....

**Print Name:** .....

This completed form should be returned to:  
**Armitage Livestock Insurance Agency Ltd.,**  
**2 Bladen Close, Weybridge, Surrey. KT13 0JA**  
**Tel: (01932) 856486 Fax: (01932) 846607**