

**TRANSIT PROPOSAL FORM**

Cover is against the Risks of Mortality specified in the schedule and subject to various conditions, limitations and exclusions. A copy of the Policy Summary (Key Facts) and/or Policy Wording showing the full extent of the cover can be obtained upon application to your broker.

BEFORE ANY QUESTION IS ANSWERED, PLEASE READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL WHICH YOU ARE REQUIRED TO SIGN. ANSWER ALL QUESTIONS IN FULL

**Please State cover required:**

All Risks of Mortality	<input type="checkbox"/>	
Restricted perils	<input type="checkbox"/>	
Retest Cover	<input type="checkbox"/>	
Foetus Cover	<input type="checkbox"/>	specify percentage indemnity _____ % (cattle only)
 Mastitis/Loss of quarter	 <input type="checkbox"/>	 specify percentage indemnity _____ % (cattle only)

**Please note any indication will be limited to 15 days validity until all underwriting information has been received and agreed.**

**General Information**

Insured \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Insured Status**

<input type="checkbox"/>	Owner of Animals
<input type="checkbox"/>	Owner of Vessel
<input type="checkbox"/>	Shipping Agent

Requested period of insurance:

<input type="checkbox"/>	Open Cover
<input type="checkbox"/>	Individual Shipment

From (Origin) \_\_\_\_\_ To (Destination): \_\_\_\_\_

Required inception date \_\_\_\_\_

**Period of risk - to include any time before, date of shipment and time after arrival**

	Time/Distance	Date of loading	Location
Pre transit at Farm of origin	_____ days	_____	_____
Road Transit to Quarantine Station	_____ km	_____	_____
Time in Pre export Quarantine	_____ days		
Road transit to port/airport of Origin	_____ km	_____	_____
Air/Sea transit to port/airport of destination	_____ days	_____	_____
Road Transit to Quarantine Station	_____ km	_____	_____
Time in Post export Quarantine	_____ days		
Road transit to farm of final destination	_____ km	_____	_____
Time after arrival at farm of final destination	_____ days		

Details of any  
planned stops en  
route

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**Animal details: Please complete the schedule as attached**

**Transit:  
Please provide**

Shipping agent  
details

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Name (or IMO if  
known) and age of  
sea vessel

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Type of aircraft and  
airline name

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Is the vessel/aircraft chartered by the insured?

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What access do the handlers and vets have to the animals during the voyage

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**Details of recipient farms/Quarantine Stations**

Address

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Date of opening

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Previous experience with such consignments:

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Other animals present and their origin

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Biosecurity procedures

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Veterinary attendance

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**Personnel:**

Who accompanying the animals on the various stages of the shipment?

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What veterinarian presence will there be?

**Prior to shipment**

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**In transit**

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**Post transit**

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**Claims considerations:**

Who will co-ordinate the loss reporting on the journey and post arrival?

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Who will keep log of all claims during shipment

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Who will keep Underwriters advised on a regular basis of loss and record all on a spread sheet

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Do all stockmen/veterinarians/farmers have explicit instructions how to report on losses?

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**Loss History: Please complete additional sheet as attached**

**IF EXOTIC ANIMALS BEING TRANSPORTED:**

**Please provide:**

Details of crates/cages animals being transported in - please also provide photographs.

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Will animals be crate trained prior to transit?

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Pressure and temperature of transporting aircraft/vessel and confirmation of how this will be checked and maintained during the transit

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Are animal(s) to be sedated?

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Will animal(s) be given the opportunity to acclimatise to transit containers?

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**Please note we may require Underwriters' Risk Manager to travel with animals**

**DECLARATION**

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I declare that to the best of my knowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties. I also confirm there are no other circumstances within my knowledge or opinion that are not already disclosed that are likely to affect the proposed insurance.

Signed

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Please Print

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Dated

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**INDIVIDUAL TRANSIT DETAILS OF ANIMALS TO BE INSURED**

Type e.g. calves, bulls, bred heifers, etc.	Number of Head	Date of Birth/Age	Value per head	Total Sum Insured	Other Information

**OPEN COVER DETAILS OF ANNUAL SHIPMENTS**

Origin	Destination	Type e.g. calves, bulls, bred heifers, etc.	Average Number of Head per shipment	Average value per head	Number of Shipments	Total Sum Insured

**Loss History**

Shipment Date	Type of animal	Number of head shipped	Vessel	Route e.g. USA to China	Mortalities		Abortions	
					on board	after arrival	on board	after arrival
<b>Owner of animals</b>								
<b>Owner of Vessel</b>								
<b>Shipping Agent</b>								

**Retest:  
Please provide**

Diseases required: \_\_\_\_\_

Confirmation no previous positive test results for required diseases at Quarantine Station

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If No, give full details on Loss History Sheet

Confirmation no previous losses for required diseases within locality of Quarantine Station in past 36 months

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If No, give full details on Loss History Sheet

Confirmation of vaccination status of animals

<input type="checkbox"/>	Vaccinated
<input type="checkbox"/>	Not - Vaccinated

If Vaccinated state diseases:

\_\_\_\_\_