



LIVESTOCK INSURANCE PROPOSAL FORM

(Please fill in block letters)

1) Details of the Proposer

- a) Period of cover: From: _____ To: _____
- b) Name of proposer: _____
- c) Postal Address: _____
- d) Cellphone Number: _____
- e) Client ID Number: _____
- f) Client PIN Number: _____
- g) Group Name:

- h) Type of livestock to be insured: _____
- i) Location of the farm: _____
- j) If farm manager manages the farm, please give
Name: _____ Cellphone Number: _____

2) Full description of livestock to be insured

Breed	Age (Months)	Value Kshs	Total Sum Insured

If the space is not enough you may attach a schedule to the proposal form.



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- 3) Details of your veterinary surgeon
 - a) Name and address of your veterinary _____
 - b) Cellphone Number _____
 - c) Latest consultation for your animals _____
 - d) How many kilometers is she/he from your farm _____
- 4) Are the animals proposed sound and healthy? Yes () or No ()
- 5) Give details of your yard handling facilities _____

- 6) Give full particulars of defects of ailments, or disease during the last twelve months

- 7) Has there been any contagious or infectious disease on the premises during the last twelve months _____
- 8) Do you keep animal husbandry record for treatment or vaccination? _____
- 9) Losses
 - a) How many animals have you lost during the last two years, irrespective of class, type or breed? _____
 - b) State cause and date of death in each case above _____
- 10) Have you been paid claims on livestock at any time? If so, state amount(s) and name of insurer _____
- 11) Give details of vaccinations carried out to the proposed animal and attach documents

- 12) How far from your farm are you purchasing the proposed animal? _____



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13) Do you have other category of the like animals which is not proposed for insurance here? _____ If so declare as below.

No.	Types of livestock	Breed	Identification marks/Numbers	Number of livestock in each category	Value per animal
1					
2					
3					
4					
Total					

(If the space is not enough you may attach a signed schedule)

14) Why are the animals not proposed for insurance? _____

15) Do you have any information you think will affect the insurance for your animal?

Declaration

I/We the undersigned hereby declare that all the above statements and particulars which I/we have read and checked are true, and that the animals are in sound and healthy condition and are free from any defects or vice and or the ages stated, that no information material to the insurance has been withheld and that it is understood that no claim will be entertained by Geminia Insurance. Unless the cause of death is certified by a qualified veterinary surgeon.

I/We agree that this proposal and Declaration shall be the basis of the contract between me/us and the Geminia Insurance. And I am/we are willing to accept a policy subject to the terms and conditions prescribed or endorsed thereon.

Date: _____ **Signature of Proposer:** _____

Intermediary: _____