



## PROPOSAL FORM FOR DAIRY CATTLE INSURANCE

## PROPOSAL FORM FOR POULTRY INSURANCE

*(The animals are not covered until premium is paid and risk is accepted.)*

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### PARTICULARS OF PROPOSER

1. Name of Proposer (in full): \_\_\_\_\_
2. Postal Address: \_\_\_\_\_  
Mobile/Tel No: \_\_\_\_\_  
ID No: \_\_\_\_\_  
Email: \_\_\_\_\_  
PIN Number: \_\_\_\_\_
3. Location of the farm: \_\_\_\_\_
4. Type of animal housing (e.g. timber, concrete, iron, etc.): \_\_\_\_\_
5. Number of years in poultry farming: \_\_\_\_\_
6. Production System? (Caged, barn, free ranging): \_\_\_\_\_

### Farm Manager Details:

Name of Farm Manager Qualification Experience (yrs)

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### PARTICULARS OF ANIMAL(S) TO BE INSURED

Age Bracket (Weeks) Breed Number

Totals

*(Copy table if space is not enough)*

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7. Source of eggs and/or day-old chicks? \_\_\_\_\_
8. Farm gate value of a mature bird:
- Broiler: \_\_\_\_\_
  - Layer: \_\_\_\_\_
  - Indigenous bird: \_\_\_\_\_
9. Natural mortality rate of birds in your farm (%): \_\_\_\_\_
10. Number of houses: \_\_\_\_\_ & respective floor space (m<sup>2</sup>): \_\_\_\_\_
11. Distance between the houses: \_\_\_\_\_
12. Stocking densities (birds/m<sup>2</sup>): \_\_\_\_\_
13. Are layers kept beyond molting? Yes/No \_\_\_\_\_
14. Any bird estuaries or natural reserves located within 20 km of the farm? \_\_\_\_\_
15. Markets served? \_\_\_\_\_
16. Is the poultry farm fully enclosed and fully fenced? Yes/No \_\_\_\_\_
17. Are foot dips/barrier systems provided at the entrance to the buildings? Yes/No \_\_\_\_\_
18. Are disinfectants approved, periodically replaced, and is this recorded? Yes/No \_\_\_\_\_
19. Do all houses operate on an “all in all out” basis? Yes/No \_\_\_\_\_
20. Are all feeder, drinker, ventilation, heating and lighting systems, fire extinguishers and alarm systems installed and maintained by competent persons?
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## **VETERINARY SERVICES**

a. Veterinary services available: (Own / Government) \_\_\_\_\_

Details of veterinary doctor: \_\_\_\_\_

b. Frequency of veterinary check-up: \_\_\_\_\_

Veterinarian's last certificate or report (attach if available).

c. Details of vaccinations carried out:

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## HEALTH STATUS

22. Are the animals sound and healthy and free from disability or disease? Yes/No

If not, give details:

\_\_\_\_\_

a. Any contagious disease or sickness in the last 12 months (within 5 km radius)? Yes/No

If yes, give details: \_\_\_\_\_

23. How many other types of birds do you own? \_\_\_\_\_

If any animals are not proposed for insurance, give reasons:

\_\_\_\_\_

24. Have you lost any birds during the last three years? If yes, give details:

Year	Number of Birds Lost	Cause of Loss
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2021		
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2020		
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2019		
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## DECLARATION

I/we hereby propose to insure the animal(s) described in the schedule owned by me/us with **Galloways** subject to the terms, conditions, and exclusions of the policy. I/We warrant that the answers to the above questions are true and that all the animals are correctly described, sound, in good health, and free from disability or disease and that they are and shall be used solely for the purpose stated above. I/we declare that no information material to the insurance has been withheld and agree that this proposal shall be the basis of the contract between me/us and **Galloways**.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_