



Livestock Insurance Proposal Form

Name and Address of Insured:

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Plot Number:

Contact Person:

Telephone:

Name of Veterinary Officer: _____

Contact Address / Telephone No.: _____

Type of Livestock Reared: _____

Economic Use (Please tick where applicable):

- Milk Production ☐
- Meat ☐
- Reproduction ☐
- Other (specify) ☐ _____

Rearing Method (Please tick where applicable):

- Zero Grazing ☐
- Paddock ☐
- Stabling ☐
- Open Stabling ☐
- Stocking Density: Animals per Unit Area: _____

Feeding and Type of Feeding:

Have the cattle been vaccinated? If so briefly explain:

Are there fences surrounding the facility?

- YES ☐
- NO ☐

Material of fence: _____

Height of fence: _____

Quality of fence: _____

The Farm:

Livestock ID	Breed	Ear Tag/Tattoo Number	Age (Years)	Origin Farm	Estimated Market Value (Kshs.)
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TOTAL SI: _____

*Always use the same currency as used in the insurance contract

Have the animals been insured in the past?

- YES ☐
- NO ☐

By Whom? _____

For how long? _____

Any other insurances concerning the facilities?

What is Covered?

Loss Experience in the Past Five Years:

Year	Livestock Description	Type of Loss	Cause of Loss	Value of Loss (Kshs.)
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Last Year 200__

*Always use the same currency as used in the insurance contract

Any active risk management implemented on the farm:

Declaration:

I/We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true. We hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at: _____

Date: _____

Signature: _____