



Farm Combined
Proposal Form



GENERAL QUESTIONS

Please answer all questions and use block capitals

1. Full name of the Proposer (including forenames)

2. Address including postcode

3. Situation (if different from above)

4. Please specify type of farm

Arable Pigs Dairy Beef
Poultry Eggs Sheep Other

5. Please specify ALL other occupations undertaken

6. How long have you been farming ?

7. Are there any interests to be noted (including addresses) ?

8. Period of Insurance

from:- to:-

9. Are the premises prone to flooding or vandalism ?

Yes No

If 'Yes' please advise full details

10. Has any Insurer in respect of ANY of the risks to which this proposal refers declined, refused renewal, cancelled or imposed special terms ?

Yes No

If 'Yes' please advise full details

11. Please advise name of previous Insurer, policy number and expiry date

12. Have you, or any director, partner or principal of the business been convicted of arson or any offence involving dishonesty ?

Yes No

If 'Yes' please advise full details

13. Have any accidents, losses or claims arisen whether insured or not within past 3 years ?

Yes No

If 'Yes' please advise full details (including dates, amounts and circumstances)

14. Are you involved, in any way, with genetically modified crops ?

Yes No

If 'Yes' please advise full details

Section 1 - Private House Buildings

1. Schedule of Buildings to be insured:-

Address	Cover Standard/Super	Postcode	Sum Insured

N.B. The Sum Insured should represent the full reinstatement cost. Minimum sum insured £40,000

2. If a voluntary excess is required in addition to the standard excess, please tick the amount £50 £100 £250

3. Are the above premises:-
- a) occupied by anyone other than you and your family ? Yes No
 - b) used for business or professional purposes ? Yes No
 - c) a weekend or holiday home ? Yes No
 - d) left unoccupied for more than 30 days at a time ? Yes No
 - e) built of brick, stone or concrete and roofed with slates
tiles, asbestos or metal ? Yes No
 - f) in a good state of repair and well maintained at all times ? Yes No
 - g) free from any sign of damage by subsidence or landslip ? Yes No
 - h) listed with the Local Authority as a historical building ? Yes No

If you have ticked any of the circles please give details below

Section 2 - Private House Contents

1. Schedule of Contents to be insured:-

Address	Cover Standard/Super	Postcode	Sum Insured

Minimum sum insured £15,000

2. If a voluntary excess is required in addition to the standard excess please tick the amount £50 £100 £250

3. Are the above premises:-
- a) occupied by anyone other than you and your family ? Yes No
 - b) used for business or professional purposes ? Yes No
 - c) a weekend or holiday home ? Yes No
 - d) left unoccupied for more than 30 days at a time ? Yes No
 - e) protected by an alarm system ? Yes No
 - f) protected by window locks on all accessible windows ? Yes No
 - g) protected by 5 lever mortice deadlocks on all final exit doors ? Yes No

If you have ticked any of the circles please give details below including the premises concerned

4. What is the replacement cost of your High Risk Items which are included within the above figures ?

	Premises 1	Premises 2	Premises 3
a) TV, audio, video and computer equipment			
b) Jewellery, furs and articles of precious metals			
c) Clocks, pictures, works of art, curios and collections			
d) Photographic equipment/musical instruments			

5. If the replacement cost of any single High Risk Item exceeds £3000, please list items, values, and location below

Description	Location	Sum Insured

6. Schedule of Freezer Contents to be insured

Age and Type of Freezer	Location	Sum Insured

Section 3 - Household All Risks

1. Schedule of Items to be insured:-

Description	Location	Sum Insured
Unspecified Jewellery, Valuables, Clothing and Personal Effects (Limit of £1000 any one article)		
Personal Money and Credit Cards		
Riding Tack		
Photographic Equipment		
Other Items to be specified		

Section 3 - Domestic Animals

(only available in conjunction with Section 2 - Private House Contents)

1. Please complete table below in respect of horses, ponies, dogs and cats

Name/Number	Breed	Date of Birth	Sex	Colour	Price Paid	Sum Insured

2. What cover is required ?

- i) Death by injury only (up to sum insured) Yes No
- ii) Vets Fees (£250 limit dogs & cats, £750 horses) Yes No
- iii) Recovery Costs (£100 limit) Yes No

In respect of horses and ponies only the following extra covers are available

- iv) Death by illness (up to sum insured) Yes No
- v) Loss of Use (up to sum insured) Yes No
- vi) Theft or Straying (up to sum insured) Yes No

Please note Sum Insured on horses and ponies is limited to £3000, dogs and cats limited to £500

3. Are the animals sound, healthy and free from defects ? Yes No

If 'No', please advise full details

Section 3 - Caravans

(only available in conjunction with Section 2 - Private House Contents)

Please complete table below

Make	Model	Year of Manufacture	Date of Purchase	Price Paid	Sum Insured

Section 4 - Farm Buildings

1. Schedule of Buildings to be Insured:-

Description, Construction and Use	Location	Type of Heating	Sum Insured

Cover is on a **Modern Materials** basis unless **Traditional** is specifically requested by you.

2. Please indicate the type of cover you require

Fire, Lightning, Aircraft, Explosion and Earthquake (This cover must be operative)	Yes	<input checked="" type="checkbox"/>		
Riot and Malicious Damage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Storm, Tempest and Flood	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Falling Trees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Burst Pipes, Bursting or Overflowing of Fuel/Fertiliser Tanks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Impact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Theft	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3. Are all buildings

a) in good condition and well maintained ?	Yes	<input type="checkbox"/>	No	<input type="radio"/>
b) owned and occupied by you ?	Yes	<input type="checkbox"/>	No	<input type="radio"/>
c) used for farming purposes only ?	Yes	<input type="checkbox"/>	No	<input type="radio"/>

If you have ticked 'No' (circles only) please give full details below

Section 5 - Farm Contents

Basis of Cover;- Fire (including spontaneous combustion), Lightning, Aircraft, Explosion, Earthquake, Subterranean Fire, Riot/Malicious Damage, Accidental Electrocution of Livestock, Impact and Falling Trees

		Sum Insured	Theft	Storm	
1.	Agricultural Produce				
	a) hay and straw	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	Please tick box of additional cover required
	b) grain, oilseed, pulses and seed	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	c) roots and silage	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	d) grain in store	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	e) growing crops only	£ _____	<input type="checkbox"/>	N/A	
	f) or agricultural produce (as a single item)	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Machinery				
	a) machinery and implements	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	Please tick box of additional cover required
	b) hand tools and portable power equipment	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	c) grain driers	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	d) dairy equipment	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	e) poultry appliances (heated)	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	f) mechanically propelled vehicles (not licensed for road use)	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	g) all terrain vehicles and quad bikes	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Miscellaneous Items				
	a) fences, gates, hedges and boundary walls (first loss cover) (minimum sum insured £2500)	£ _____	<input type="checkbox"/>	N/A	
	b) deadstock (i.e. fertilisers, fuel oil and sprays)	£ _____	<input type="checkbox"/>	<input type="checkbox"/>	
4.	General Questions				
	a) Is any of the above property stored in heated buildings ?	Yes	<input type="radio"/>	No	<input type="checkbox"/>
	If 'Yes' please give full details below				
	b) Are full and reliable records of stock and sales kept ?	Yes	<input type="checkbox"/>	No	<input type="radio"/>
	If 'No' please give full details below				
	c) Has any theft or attempted theft ever been made ?	Yes	<input type="radio"/>	No	<input type="checkbox"/>
	If previous thefts or attempted thefts have occurred please advise below what precautions have been taken to prevent further losses of a similar nature				
	d) How much grain in percentage terms is stored after harvest ?	_____ %			

Please note that Storm/Tempest/Flood cover is only available in respect of items kept in wind, waterproof and fully enclosed buildings which are well maintained, i.e. no cover for property in the open or in open-sided buildings

Section 6 - Livestock

Basis of Cover;- Fire (including spontaneous combustion), Lightning, Aircraft, Explosion, Earthquake, Subterranean Fire, Riot/Malicious Damage, Accidental Electrocution of Livestock, Impact and Falling Trees

		Sum Insured	Theft	Mysterious Disappearance Of Livestock	Fatal Injury Away from The Premises inc. Transit	Livestock Worrying
1.	Cover					
	a) cattle	Please tick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) sheep	box of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) pigs	additional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	d) horses	cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	e) deer	required	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
	f) poultry heated		<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>
	g) poultry unheated		<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>
	h) sheep dogs (under £500)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	i) sheep dogs (over £500)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	j) Other (please specify) <input style="width: 150px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k) Do you wish to restrict Fatal injury cover to transit only ?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	If 'Yes' please state maximum value in transit at any one time	£ <input style="width: 100px;" type="text"/>				
	And maximum number of vehicles used	<input style="width: 100px;" type="text"/>				
	l) Please advise full details of any additional cover required					

NB Maximum value any one animal is £5000 except for Livestock Worrying where it is £1000

2. **General Questions**

a) Are Livestock allowed to graze on unfenced land, moorland or common land ? Yes No

If 'Yes', please attach map of area involved showing roads, public footpaths and terrain and advise numbers and values of livestock.

b) Is any of the above property/livestock stored in heated buildings ? Yes No

If 'Yes', please state below the type of heating involved and in respect of which items.

Livestock Diseases

1. General Questions (To be answered if any disease cover is required)

a) Are the animals sound healthy and free from defects ? Yes No

If 'No' please advise full details

b) To the best of your knowledge, has there been an outbreak of any notifiable disease within a 10 mile radius of your farm in the last 6 months ? Yes No

If 'Yes' please advise full details

2. **Livestock Brucellosis**

Do you require Brucellosis cover ? Yes No

a) When was the last official Brucellosis test carried out on your premises ?

b) How many animals were tested ?

c) When is the next official test due ?

d) Has there been a blood test during the past 3 yrs at which a Reactor has been revealed ?
if 'Yes' answer the following details

Yes No

i) Date of test

ii) Number of animals tested

iii) Number of Reactors

iv) Date Movement Restriction lifted

e) Has any animal aborted or calved prematurely during the last 3 months ?

Yes No

f) Please state locality from which the animals have originated

Maximum Value Per Animal is £2000

Number & Type of Animals	Purpose of Use	Maximum Value Per Animal	Total Value	Sum Insured

3. Livestock Foot & Mouth

Is Foot & Mouth cover required ?

Yes No

a) Is your herd self contained ?

Yes No

If 'No', please provide full details

b) What stock is brought in and from which countries ?

c) Has any imported livestock been brought onto your farm or to your knowledge, any neighbouring farm within the last 6 mths ?

Yes No

If 'Yes', please provide full details

d) Give details of livestock that has been brought onto the premises during the past 30 days

e) What quarantine arrangements do you have for animals brought in ?

f) Are you a member of the Pig Health Scheme or P.C.H.A. ?

Yes No

If 'Yes' when was the last blood test carried out by D.E.F.R.A.

g) Do you use one haulier exclusively ?
If 'Yes', please state full name and address

Yes No

h) Is the source of supply a member of the Pig Health Scheme ?

Yes No

i) From whom do you purchase feed?

j) Are all your pigs housed permanently indoors ?
If 'No', please give full details

Yes No

Maximum Value Per Animal is £2000

Number & Type of Animals	Purpose of Use	Maximum Value Per Animal	Total Value	Sum Insured

4. **Livestock Tuberculosis Reactor**

Please note this cover is currently unavailable

Is Tuberculosis cover required ?

Yes No

a) When was the last official Tuberculosis test carried out on your premises ?

b) How many animals were tested ?

c) When is the next official test due (please detail month & year) ?

d) Has there been a blood test during the past 3 yrs at which a Reactor has been revealed ?

Yes No

if 'Yes' answer the following details

i) Date of test

ii) Number of animals tested

iii) Number of Reactors

iv) Date Movement Restriction lifted

Number & Type of Animals	Purpose of Use	Maximum Value Per Animal	Total Value	Sum Insured

Maximum Value Per Animal is £2000

5. **Livestock Mortality And Disease**

(Excluding Horses and Ponies)

Please specify animals to be insured

Name & Tag Number	Breed	Date of Birth	M/F Sex	Date of Purchase	Price Paid	Sum Insured

1. Are all your livestock sound, healthy and free from defects ? Yes No
2. Have any of your livestock ever suffered from any accident, illness, disease or injury? Yes No
3. Have you an interest in any other animals similar in breed and/ or use as that proposed which are not to be included in this insurance ? Yes No
4. Have you previously insured against any of the risks proposed ? Yes No
5. Are any of the animals hired out ? Yes No
6. Are any of the animals proposed pregnant ? Yes No
7. Has the animal been owned in excess of one month without insurance ? Yes No
8. Is there a difference between the price paid and sum insured ? Yes No
9. Will any of the animals specified above be used for purposes other than breeding ? Yes No
10. Please tick which extension is required to the standard All Risks Mortality cover
 - Loss of Use / Permanent Infertility (*up to date Veterinary Certificate required*) Yes No
 - Theft (including Mysterious Disappearance) Yes No
 - If 'Yes', please confirm premises are secure & the animal checked regularly Yes No

If you have ticked any of the circles please give details below

Please note that an up to date veterinary certificate will be required if the sum insured exceeds certain criteria or it is deemed necessary by Underwriters to assess the animals suitability for insurance purposes

Section 7 - Loss Of Revenue/Hire Extension

As an alternative to Section 5&6 you may insure your livestock progeny and crops on a revenue basis, subject to an annual declaration. Basis of Cover :- Fire (including Spontaneous Combustion), Lightning, Aircraft, Explosion, Earthquake, Subterranean Fire, Riot/ Malicious Damage, Accidental Electrocutation of Livestock, Impact and Falling Trees. Hire Extension - £5000

36 Month Indemnity Period Applies as Standard

1. Please state the **Annual Revenue** in respect of each business to be covered, below :-
- | | Theft | Storm | |
|--------------------------|---------|--------------------------|--|
| a) Cereal / Arable | £ _____ | <input type="checkbox"/> | Please tick box of additional cover required |
| b) Dairy | £ _____ | <input type="checkbox"/> | |
| c) Beef | £ _____ | <input type="checkbox"/> | |
| d) Sheep | £ _____ | <input type="checkbox"/> | |
| e) Pigs | £ _____ | <input type="checkbox"/> | |
| f) Poultry | £ _____ | <input type="checkbox"/> | |
| g) Eggs | £ _____ | <input type="checkbox"/> | |
| h) Other, please specify | £ _____ | <input type="checkbox"/> | |
| | £ _____ | <input type="checkbox"/> | |
2. If Hire Extension only is required please state sum insured £ _____
3. Are you rearing under contract ? If 'Yes', please advise the following
- | | | | | |
|---|-----|-----------------------|----|--------------------------|
| a) Do you receive a management fee only | Yes | <input type="radio"/> | No | <input type="checkbox"/> |
| b) What is this fee (if applicable) ? | Yes | <input type="radio"/> | No | <input type="checkbox"/> |
4. Please state if any other covers are required which are not included above
-

Please note that Storm/Tempest/Flood cover is only available in respect of items kept in wind waterproof and fully enclosed buildings. Storm/Tempest/Flood and Theft cover is only available if this cover is operative under Section 5 and/or 6.

Section 8 - Employers Liability (Limit Of Indemnity £10,000,000)

- A Is Agricultural Wages Board cover required for Farm Employees Yes No
- B Are you exempt from having an Employer Reference Number (ERN)? Yes No
- If 'No' please advise your Employer Reference Number

Please state the estimated gross wages and salaries for :-

- | | | | |
|--|---------|------------------------|---------|
| 1. Farm Employees | £ _____ | 2. Gamekeepers | £ _____ |
| 3. Employees using wood-working machinery | £ _____ | 4. Forestry Employees | £ _____ |
| 5. Nursery / Market Gardeners | £ _____ | 6. Fencing Contractors | £ _____ |
| 7. Estate Maintenance other than Forestry | £ _____ | 8. Clerical/ Domestic | £ _____ |
| 9. Agricultural Contractors | £ _____ | | |
| a) General Work (Agricultural Contracting Only) | £ _____ | | |
| b) Drainage Work (Agricultural Contracting Only) | £ _____ | | |
| c) Crop Spraying (Agricultural Contracting Only) | £ _____ | | |
| 10. Working Directors (engaged in manual labour) | £ _____ | | |
| 11. Working Directors (not engaged in manual labour) | £ _____ | | |
| 12. Any Other Employees (please state wages and type of work undertaken) | | | |

	£ _____
	£ _____

Section 9 - Public/Products Liability

Limit of Indemnity £10,000,000

1. Please state total acreage farmed

a) Please state annual turnover

£ _____

2. Please state estimated annual turnover in respect of

a) Pig Production £ _____

b) Poultry Production £ _____

3. Do you engage in retail sales ?

Yes

No

If 'Yes', please specify the goods sold and turnover

£ _____

£ _____

4. Is your land used as a caravan or camping site ?

Yes

No

(The cover provided includes liability for up to 5 caravans or tents)

If 'Yes', please answer the following :-

a) maximum number of spaces

Caravans

Tents

b) Turnover

£ _____

c) What facilities are provided, i.e. toilets, showers, shop etc.

5. Do you organise shoots on your land ?

Yes

No

If 'Yes', please answer the following

a) How many shoots do you organise a year ?

b) What is the maximum number of guns at any one shoot

c) Turnover

£ _____

d) Do you undertake any catering

Yes

No

If 'Yes', please advise details of the type of catering undertaken

6. Do you offer livery stabling facilities ?

Yes

No

a) DIY Full

b) Please state maximum number of horses at any one time

c) If 'Yes', please advise full details and the estimated annual turnover £ _____

d) Do you require Bailment/Custody Control cover ?

Yes

No

7. Do you engage in any other occupations not covered above?

Yes

No

If 'Yes', please advise full details and the estimated annual turnover £ _____

8. Do you export any products or livestock? Yes No
 If 'Yes', please advise full details and the estimated annual turnover

9. Is your farm adjacent to any watercourses or do any watercourses flow through or adjoin your farm? Yes No
 If 'Yes', please give details below

10. Have there been any incidents of pollution? Yes No
 If 'Yes', please give details below

11. Please advise the maximum amount of slurry and/or silage in storage on your premises at any one time

12. Has your land ever been used as a waste disposal site? Yes No
 If 'Yes', please give details below

13. Do you undertake Agricultural Contracting? Yes No
 If 'Yes', please answer the following questions
 a) Turnover in respect of General Contracting £ _____
 Please give details of work carried out below

b) Does your work involve the application of heat? Yes No
 If 'Yes', please advise full details

c) Turnover in respect of Crop Spraying £ _____
 i) Maximum acres sprayed per year

d) Turnover in respect of Tree Felling £ _____
 i) Maximum height worked at

e) Turnover in respect of sheep dipping £ _____
 i) Do you use organophosphorus (OP) dips? Yes No

14. Please tick what Limit of Indemnity is required in respect of Agricultural Contracting
 £1,000,000
 £2,000,000

Section 10 - Business Money

1. Please state Annual Cash Carryings to and from Bank £ _____
2. Please state the amount to be insured in Transit or on the premises during working hours (this would represent the maximum amount at risk at any one time) £ _____
3. Please state the maximum amount of cash kept on the premises out of business hours £ _____

If this amount exceeds £1,000 then a safe must be used and declared below :-

Year of Manufacture	Make	Model	Type	Maximum amount kept therein out of working hours

4. Do you wish the Personal Accident Assault Extension to be included Yes No
5. Please state the amount to be insured in the custody of roundsmen

Section 11 - Bulk Milk Tanks

Maximum Sum Insured is £2000

1. Please complete the table below in respect of loss of milk

Year of Manufacture of Tank	Make	Size in litres or gallons	Maximum Sum Insured of Milk

2. Is an annual maintenance contract in force ? Yes No

If 'No', why not

3. Is your farm in an area prone to bad weather making roads impassable ? Yes No

If 'Yes', please advise details

4. Do you require cover extending to include loss of own milk following accidental contamination by antibiotics ? Yes No

Section 12 - Goods In Transit

(Excluding Livestock)

1. Please state total value of property in transit at any one time (*Load Limit*) £ _____
2. Please state the maximum number of vehicles used
3. Will transit be carried out by your own vehicles ? Yes No
 If 'No', what form of contractor will be used
4. Do you carry goods on behalf of any other persons ? Yes No
 If 'Yes', please advise
 - a) type of goods carried
 - b) turnover £ _____
 - c) load limit £ _____
 - d) maximum number of vehicles

Section 13 - Deterioration Of Stock

Please complete the table below

Year of Manufacture	Make and Model	Serial Number	Description of Stock	Situation of Risk	Sum Insured

2. Is an Annual Maintenance Contract in force ? Yes No

If 'No', please advise why not

Section 14 - Farm All Risks

The choice of Territorial Limits are :

- A The Premises
- B The United Kingdom, Isle of Man and Channel Islands
- C Member Countries of the European Union, Norway and Switzerland
- D Anywhere in the World

Please complete table below in respect of items to be covered

Year of Make	Make	Model	Serial Number	Territorial Limit	Price Paid	Sum Insured
N/A	Bulls Semen	N/A	N/A	A		
N/A	Nitrogen Flask	N/A	N/A	A		
N/A	Fertiliser/Fuel Tank & Contents	N/A	N/A	A		
N/A	Glass Milking Jars	N/A	N/A	A		
N/A	Office Contents (excluding Computers)	N/A	N/A	A		
N/A	Cattle Passports	N/A	N/A	B		

- If cover for Bulls Semen is required please advise maximum value any one straw £ _____
- If cover for Glass Milking Jars is required please advise maximum number of Jars

Section 15 - Computers

The Computer Equipment may include personal computers, processors (including fixed disks), VDU's, disk drives, printers and the following ancillary equipment (which is solely for use with the electronic data processing installation) :

- *air conditioning equipment
- *generating equipment
- *voltage regulating equipment
- *gas flooding cylinders and pipework
- *electronic access equipment
- *heat and smoke detection equipment
- *temperature and humidity recording equipment

The choice of Territorial Limits are :

- A The Premises
- B The United Kingdom, Isle of Man and Channel Islands
- C Member Countries of the European Union, Norway and Switzerland
- D Anywhere in the World

1. Please complete table below

Year of Make	Make	Model	Serial Number	Territorial Limit	Price Paid	Sum Insured

- Do you keep duplicate copies of all data programs which are up-dated at least once a week & stored in a place of safety, away from the premises, when not in use Yes No

If 'No', please advise details of your security arrangements

- Is the computer equipment the subject of a manufacturer's guarantee or a maintenance agreement providing free parts and labour ? Yes No

If 'No', please advise why not

Section 16 - Hail

1. What is the total acreage of the following crops ?

Maize, Wheat, Barley, Oats, Rye, Triticale, Sugar Beet, Potatoes or Fodder Crops

2. What is the total acreage of the following crops ?

Linseed, Oilseed Rape, Peas (vining or harvesting), Beans (harvesting) or Grass (seed only)

3. Do you grow any other crops which you require cover for ?

Yes No

If 'Yes', please give details below

4. Crops to be insured (*Autumn Sown Vegetables are Excluded*)

Description of crops to be insured	Acres

5. Please state the address where crops are growing or being grown including Parish and County

6. i) Are you insuring with the Company **ALL** of the crops you are growing? Yes No

ii) Are any of your crops grown subject to a contractual agreement? Yes No

7. How long have you occupied or owned the above farm or land?

If less than 3 years, please give name of previous occupant

8. Have you or a previous occupant suffered damage by hail within past 10 years? Yes No

9. Have you claimed previously for this type of cover Yes No

10. Have you ever proposed for this type of cover previously? Yes No

11. What other Insurance's do you have with this Company?

If you have ticked any of the circles please give details below, including dates and company (if applicable)

Your hail policy is annually renewable and there is no deferment period as long as inception is prior to May 31st. Inception dates between June 1st and October 31st are subject to a 7 day deferment period during the first year of insurance only. You are reminded that any alteration of risk or changes in information declared on the proposal form must be disclosed to the Company. Policyholders who have completed question 4 of the proposal form, or are growing more than 25% of the crops specified in question 2, must complete an annual declaration to the Company of crops to be grown in the current year.

ALL CLAIMS MUST BE NOTIFIED TO AIUA WITHIN 72 HOURS AFTER SUSTAINING DAMAGE BY HAIL

Section 17 - Personal Accident & Sickness

BENEFITS

UNITS

Section 1

Death and Capital Benefits £10,000} sold as one unit

Section 2 Accidental Bodily injury resulting in :-

Temporary Total Disablement from usual occupation £50 } sold as
 Temporary Partial Disablement from usual occupation £20 } one unit Section 2 - Payable for 104 weeks

Section 3 Sickness resulting in :-

Temporary Total Disablement from usual occupation £50 } sold as one unit Section 3 - Payable for 52 weeks

Hospitalisation; Maximum policy limit £10 per day (as a result of accidental bodily injury).

Full Name	Duties	Date Of Birth	Death No. of Units	TTD/TPD No. of units	Sickness No. of units
		dd/mm/yyyy			
		dd/mm/yyyy			
		dd/mm/yyyy			

1. Have you any defect of your sight or hearing or other senses or faculties ? Yes No
2. Have you any defect or infirmity which needed treatment or medical advise in the past 5 years, or may require this in the future ? Yes No
3. Have you ever suffered from any of the following:-
 - a) any mental, nervous, depressive or stress related condition ? Yes No
 - b) high blood pressure, stroke, hypertension, heart condition or other circulatory disorder ? Yes No
 - c) a 'slipped disc' or other spinal disorder, a hernia, any rheumatic fever, cancer or diabetes, arthritic condition, any disorder of the digestive system or any respiratory, urinary or allergic condition ? Yes No
4. Have you ever been declined or accepted on special terms for life, accident or illness insurance ? Yes No
5. Are you now insured against accident and illness ? Yes No
If so, please give details including policy number and renewal date
6. Have you ever received counselling or any medical advice, test or treatment in condition with drug addiction, alcoholism, H.I.V. or any A.I.D.S. related condition ? Yes No
7. Do you anticipate that you might :-
 - a) reside temporarily outside the United Kingdom ? Yes No
 - b) undertake more than 40 air flights per year or fly other than as a fare paying passenger ? Yes No
 - c) engage in football, rugby, equestrian or winter sports, or any other sports or pastimes which may involve extra risk of personal injury ? Yes No
8. Have you or any insured person(s) been absent from work within the last 5 yrs as a result of an accident or following sickness of any kind ? Yes No

If you have answered 'Yes' to any of the above questions, please give full details below

Question No.	

IMPORTANT PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING & DATING IN RESPECT OF PERSONAL ACCIDENT AND SICKNESS INSURANCE ONLY

Declaration:

I/We have read this proposal and understand that I/We are under a duty to make a Fair Presentation of the Risk and that failure to do so could result in my/our policy being invalidated and/or a claim not being paid or not being paid in full.

I/We have made all reasonable enquiries so that all material representations as to a matter of fact are substantially correct and every material representation as to a matter of expectation or belief are made in good faith.

Signature of Insured Person &

Date

Position held if Company or Partnership

Signature of Insured Person &

Date

Position held if Company or Partnership

Signature of Proposer &

Date

Position held if Company or Partnership

Section 18 - Legal Expenses

1. Estimated Payroll for next 12 months

£ _____

2. Please state total acreage of farm

3. Please give details of any employees who are the subject of a verbal or written warning at the time of writing including details of any redundancy programme due to be implemented within the next three months.

4. Please advise number of people in household

5. Please advise number of children over 21 who reside at home

6. Have you had to initiate or defend any claim or legal proceedings (including hearings before Industrial Tribunals) in the last 5 years ?

Yes

No

7. Are you aware of any circumstances which might give rise to a claim under this Policy ?

Yes

No

8. Have you ever been refused legal expenses at any stage ?

Yes

No

If you have ticked any of the circles please give details below

Please remember that you must make a Fair Presentation of the Risk and provide Insurers with all material information which is likely to influence their acceptance of this proposal or the premium and other terms imposed. Failure to give this information may lead to your policy being invalidated and/or a claim not being paid or not being paid in full. If you are in any doubt about a particular fact you should disclose it.

IMPORTANT PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING & DATING IN RESPECT OF LEGAL EXPENSES INSURANCE ONLY

I/We declare that to the best of my/our knowledge and belief the above statements are a Fair Presentation of the Risk and I/We have not withheld or concealed anything affecting the proposed insurance. I/We have made all reasonable enquiries so that all material representations as to a matter of fact are substantially correct and every material representation as to a matter of expectation or belief are made in good faith. If anyone else has completed this proposal they acted as my/our agent.

Signature of Proposer

Date

Position held if Company or Partnership

DECLARATION

If you have a complaint

Should you have a complaint, please initially notify AIUA. Full details of our complaints procedure will be set out in your policy booklet, or are available from AIUA. The complaints procedure does not affect your right to take legal action.

Choice of Law

The appropriate law as set out below will apply unless you and the insurer agree otherwise:

1. The law applying in that part of the UK, Channel Islands or Isle of Man in which you normally live or (if applicable) the first named policyholder normally lives; or
2. In the case of a business, the law applying in that part of the UK, Channel Islands or Isle of Man where it has its principal place of business; or
3. Should neither of the above be applicable, the law of England and Wales will apply.

Important Notice - Fair Presentation of the Risk

You must make a Fair Presentation of the Risk. A Fair Presentation of the Risk is one in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith and are facts which the underwriter may wish to know in deciding whether to underwrite the risk and/or the terms upon which to underwrite the risk. They may be relevant either to the physical risk or to the personal background and characteristics (including financial) of You and/or any director, partner, officer, and/or principal of Your business. Failure to make a Fair Presentation of the Risk could result in your policy being invalidated. Should you be in doubt as to whether information

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

Data Protection - Information Uses

For the purposes of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is Geo Underwriting Services Limited and the insurer(s) specified in your policy schedule.

Insurance Administration

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

Credit Searches and Accounting

In assessing your application, the insurer may search files made available to it by credit reference agencies who may keep a record of that search. The insurer may also pass to credit reference agencies information it holds about you and your payment record. Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors or to prevent fraud.

The insurer may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the insurer, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents.

Marketing

Geo Underwriting Services Limited may use your information to keep you informed by post, telephone, e-mail or other means about products and services which may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. If you do not wish your information to be used for these purposes please tick this box

Fraud Prevention and Detection

In order to prevent and detect fraud we may at any time share information about you with other organisations and public bodies including the Police.

You should show these notices to anyone who has an interest in the insurance under the policy.

DECLARATION

I/We have read this proposal and understand that I/We are under a duty to make a Fair Presentation of the Risk and that failure to do so could result in my/our policy being invalidated and/or a claim not being paid in full. I/We have made all reasonable enquiries so that all material representations as to a matter of fact are substantially correct and every material representation as to a matter of expectation or belief are made in good faith.

If the risk is accepted I/we undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

SIGNATURE OF FIRST PROPOSER

DATE

POSITION HELD (IF COMPANY OR PARTNERSHIP)

SIGNATURE OF SECOND PROPOSER (IF REQUIRED)

DATE

POSITION HELD (IF COMPANY OR PARTNERSHIP)

Please use this space for any additional information, maps or building plans



AIUA

The Hamlet, Hornbeam Park, Harrogate, North Yorkshire, HG2 8RE T: 0344 346 0411, F: 0344 346 0412
Email: reception@aiua.co.uk, Website: www.aiua.co.uk

AIUA is a trading name of Geo Underwriting Services Ltd. Registered in England No. 4070987. Registered Address: 2 Minster Court, Mincing Lane, London EC3R 7PD. Authorised and regulated by the Financial Conduct Authority. FCA Register Number 308400. A member of the Ardonagh Group of Companies. Telephone calls may be recorded. Insurers, their agents and fraud prevention agencies obtain and share information with each other to prevent and detect fraudulent claims. This helps to protect our customers and ourselves from such activity. In addition, we reserve the right to load your details to the Insurance Fraud Register which may affect your future applications for insurance products. For further information please visit the IFR website www.theifr.org.uk/en. For details of how we use personal information collected, view our privacy policy at www.geounderwriting.com/fair-processing-notice.