

PROPOSAL FORM FOR BLOODSTOCK (HORSE FARMS)

SECTION 1 - DATA AND GENERAL INFORMATION ABOUT THE INSURED

1.1 Name and address of the insured.

Name:

Address:

1.2 Exact location (or geographical co-ordinates) of the farm.

1.3 Size of stud farm in ha.

1.4 Details on the surroundings (topography, population, similar farms in a 20 km range).

1.5 How long has the insured been in stud farming business?

1.6 When did the stud farm start its operations?

Farm management

1.7 Experience and qualification of owner/deputy.

	Name	Qualifications	Additional Training	No. of years on the Farm
Farm Manager				
Deputy Manager				

1.8 Experience and qualification of major staff.

a) Management personnel.

Name	Qualifications	Additional Training	No. of years on the Farm

b) Supervisory personnel.

Name	Qualifications	Additional Training	No. of years on the Farm

c) Workforce overview.

	Management	Supervisory	Security	General Work	TOTAL
No. of persons					

SECTION 2 - HORSES GENERAL

2.1 Animals to insure (fill in where appropriate).

Age group of use	Sex (M/F)	Number	Breed	Origin of young animal (give details)
Total no. of horses on farm				

2.2 Is the supplier of the young animals a professional breeder or an agent/dealer?

2.3 Does the supplier provide an indemnification for losses.

a) Encountered during transport? Yes No

b) Happening during the adaptation phase? Yes No

2.4 Are newly arriving animals kept under quarantine or otherwise apart? If yes, specify for how long and where?

2.5 Herd control.

Earmark Yes No

Brandmark Yes No

Magnetic transponder (chip) Yes No

Passport (chip) Yes No

Other type (specify):

2.6 At what interval are animals counted?

2.7 Daily activity

How many hours on average do the horses spend per day:

In closed stables? h

In open stables? h

In paddocks? h

On pastures (distance from farm)? hkms away

Race training? h

Other training? (specify) _____ h

2.8 Feeding practice/regime (feeding intervals/day, manual or automatic, supply systems etc).

2.9 Supplier of feed and fodder (own production, import etc).

SECTION 3 - BLOODSTOCK AND HEALTH

3.1 State major health problems encountered during the breeding of horses.

3.2 Are health certificates available for young animals?

3.3 Appointed veterinary surgeon for the stud farm.

Full name: _____

Qualifications/education: _____

Years responsible for this farm: _____

Time required to reach the farm: _____

3.4 Vaccinations required by national legislation (list or attach copy of official requirements).

3.5 What kind of vaccination program is applied for the different age groups of horses kept/raised (as indicated under "age group" in 3.1)?

Age Group	Vaccination Program

(use separate paper to list more if needed)

3.6 What other treatments do the horses receive? Specify.

3.7 When were the last serological tests made? (in case of positive results, please state disease(s) detected).

3.8 Are additives or antibiotics added to the feed and/or drinking water of the horses? If "yes", state which products are used where. Yes No

3.9 What is the natural mortality for the different age groups of horses (as indicated under 3.1)?

Age Group	Mortality (in %)

(use separate paper to list more if needed)

3.10 Loss history (for the last 5 years, cause, value, number and type of animal).

SECTION 4 - RISK MANAGEMENT

4.1 Details on public access (access roads, restricted access, fences).

4.2 Surveillance (measures taken to control/prevent unlawful access to the outside working hours).

4.3 Specific measures against theft.

4.4 State precautions, measures taken against fire.

4.5 Distance to next public fire brigade?

4.6 Any emergency power supply? If "yes", explain alarm system(s). Yes No

4.7 Additional safety precautions implemented?

4.8 Transport.

If horses are transported, state:

Means of transport:

Distances covered:

Are drivers known (for road transport):

SECTION 5 - INSURANCE

5.1 Calculating the Total Sum Insured (TSI).

Please supply separate tables for the different groups containing the following headings:

Name and identification of horse group (as indicated in 3.1)	Sex (M/F)	Age (years)	Value
			Total value (of group)
Total Sum Insured (adding the different group values)			
			Total Sum Insured (TSI)

5.2 Past insurance

Have the animals been insured in the past? Yes No

If "yes", by whom and for what period?

SECTION 6 - FINANCIAL SUPPORT

6.1 Does your government subsidize the insurance you apply for? Yes No

If "yes", please specify.

6.2 Does your government indemnify losses caused by forced slaughtering as epizootic measure (infected animals, as prevention)? Yes No

If "yes", with what is the sum of indemnification for the different types of animals?

DECLARATION

I/we declare and warrant that the above answers/information in every respect are true and correct and I/we have not withheld any information likely to affect the acceptance of this proposal.

Name: Signature of proposer/insured:

Date: Place: