

LIVESTOCK INSURANCE PROPOSAL FORM

1. INSURED

- b. Name : _____
- c. ID Number : _____
- d. PIN : _____
- e. Address : _____
- f. Exact location of the site : _____
- g. How long has the insured been in farming business: _____
- h. Experience and qualification of owner/deputy

	Name	Qualifications	Special training	No. of years on farm
Farm manager				
His deputy/ deputies				

2. THE FARM

- a. Total number of animals in the farm : _____
- b. Total number of insured animals : _____
- c. Are all the animals in the farm insured? : _____
- d. If no, state reason : _____
- e. List of insured animals-
- If not all animals are insured, please provide photos of the insured ones with identification markings and ear tags clearly visible.

No.	Identification	Breed	Age	Sex	Market Value Ksh.	Milk production/day

- f. At what age do the animals leave the farm? (For slaughter, sale, end of use...) _____
- g. Use of animals (Breeding, meat, milk, egg, other specify) _____
- h. Rearing method (Stabling, open stabling, paddock, pastoral (distance range from farm) _____
- i. Feeding practice/regime and source of feed and fodder? (Short description) _____

3. LIVESTOCK - HEALTH

a. State major health problems encountered on the farm

b. Appointed veterinary surgeon of the farm?

c. Full name:

d. Qualifications:

e. Years responsible for this farm:

f. Availability/reachability:

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

h. What is the natural mortality for the different age groups of the animals?

Group of animals	Mortality (in %)

(use separate paper to list more groups if needed)

i. Loss history

(for a minimum of 5 years back, listing causes and loss value; use separate paper if required)

Year	Loss	Cause(s)	Value lost

j. Are all the animals in perfect condition of health?

If no, elaborate.

k. Which other insurances for the same farm exist? What do they cover?

4. FINANCIAL SUPPORT

a. Are any signed insurances in force subsidised? yes no .If "yes", please specify.

b. Does your government indemnify losses caused by forced slaughtering as epizootic measure (infected animals, as prevention)yes no .If "yes", with what amount of money?

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 _____ Date _____ Signature of proposer/insured _____
 (list enclosures like plans, photos etc.)