

LIVESTOCK DISEASE

Cover also available for Foot and Mouth, Brucellosis, Anthrax, Aujeskys disease, Enzotic Bovine Leukosis, Maedi-Virus, Swine Fever, Swine Vesicular Disease, Tuberculin tests REFER

LOSS OF INCOME

Cover available-REFER

LIABILITY

Employers Liability

Farm, estate workers including casual ex forestry £ _____
 Treefelling and use of woodworking machinery £ _____
 Clerical £ _____
 Forestry £ _____
 Contracting £ _____
 All other £ _____

Public Liability

Total acreage £ _____
 Turnover form Farming £ _____
 Turnover from agricultural contracting £ _____
 Holiday accommodation (Number of Units) £ _____
 Camping/Caravan sites (Number of pitches) £ _____

Money

Estimated amount paid into _____
 And drawn from bank £ _____
 Amount to be insured in transit or _____
 On premises during working hours £ _____
 Details of sales in business premises _____

 Amount kept in safe £ _____

Personal Accident

1 Unit is £5,00/£50/20 (including TPD)

Details of persons to be insured

Names	Duties	DOB	Weight	Height

Unit required -

Is sickness required Yes/No

HOME INSURANCE

Buildings (Please tick cover required)

Standard Accidental damage

Sum Insured £ _____
 Age of Buildings _____

Contents (please tick cover required)

Standard Accidental Damage

Sum insured £ _____
 High risk over £5000 £ _____
 Unspecified personal effects £ _____
 Specified provide details £ _____

Included free of charge with this section
 Personal money and credit cards £250/£500
 Pedal Cycles £500 and freezer contents

Caravans

Towing and permanently sited (ex hire) £ _____
 Towing and permanently sited (including hire) £ _____

General

Is your home used for any other business purposes Yes/No
 Free from flooding, landslip, substance or heave Yes/No
 In a good state of repair Yes/No
 Left unoccupied for more than 2 months at a time Yes/No
 Are buildings of non standard construction Yes/No

General Questions

How long have you been in farming or estate business

At these premises? Elsewhere?

Has any insurer ever declined a proposal, refused renewal or terminated an insurance or imposed special terms in respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors have been engaged.

YES NO

Claims in the last three years

Date	Type	Details	Amount (Estimate or paid)

FAX THE FACTS - 01694 724095