



A.I.S. Insurance Brokers Pty Ltd
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ALPACA INSURANCE PROPOSAL FORM

DETAILS OF INSURED

Name of Insured:					
Trading As (If Applicable):					
Daytime Phone:		After Hours Phone:		Mobile:	
Fax:		Email Address:			
Postal Address:					
ABN:		Are you registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is your ITC percentage?	
Period of Insurance:	From:		To:		At 4pm (EST)

Is there any other party with financial interest in the Alpaca(s) proposed for insurance? Yes No

Is yes is insurance required for that party's interest? Yes No

If Insurance is required please provide name of the interested party

DESCRIPTION OF ALPACA(S) TO BE INSURED

1.	Name of Alpaca	Date of Birth	Colour	Breed	Sex
	IAR # of Alpaca	Date of Purchase	Purchase Price	If Bred Service Fee Paid	Sum Insured
2.	Name of Alpaca	Date of Birth	Colour	Breed	Sex
	IAR # of Alpaca	Date of Purchase	Purchase Price	If Bred Service Fee Paid	Sum Insured
3.	Name of Alpaca	Date of Birth	Colour	Breed	Sex
	IAR # of Alpaca	Date of Purchase	Purchase Price	If Bred Service Fee Paid	Sum Insured
4.	Name of Alpaca	Date of Birth	Colour	Breed	Sex
	IAR # of Alpaca	Date of Purchase	Purchase Price	If Bred Service Fee Paid	Sum Insured

QUESTIONNAIRE / ALPACA INFORMATION

1. Location of Alpaca (s): _____
2. Is the location that the Alpaca(s) are kept at under constant supervision? Yes No
3. Number of years experienced in Alpaca Farming? _____
4. Have/are you a member of the Australian Alpaca Association? Yes No
5. Farm size (hectares): _____
6. Describe the paddock fencing: _____
7. Describe the shelter facilities available to the Alpaca(s): _____
8. Does any other livestock share the grazing at the farm? If yes, what type of Livestock? _____
9. Have any of your animals been imported? If yes, when and where were they imported from? Yes No

10. How long have the animals been in your possession or care? _____

11. Male Alpacas only

Name / IAR #	Has the male commenced Stud duties?	Service Fee	Number of females serviced
		\$	
		\$	
		\$	
		\$	

12. Female Alpacas only

Name / IAR #	Is the female pregnant? Is so when is she due to give birth?	How many cria have been lost at birth?	Does the female have any trouble giving birth?

13. How frequently are the Alpaca(s) wormed? _____
14. Describe your vaccination program (including vaccines given and frequency): _____
15. Describe the diet of the Alpaca(s)? _____
16. Are the animals diets supplemented in any way? Yes No
If Yes, with what? _____
17. Have any of the Alpaca(s) proposed suffered from any illnesses, injuries or diseases in the past 12 months? Yes No
If yes, please provide details:

18. Are the Alpaca(s) in sound health? If no, please provide details: _____

19. Has the Alpaca(s) undergone any surgery? Yes No

If yes, please provide details, dates and confirm whether the Alpaca(s) have made a full recovery:

20. Has there been any evidence of contagious or infectious disease at the location where the Alpaca(s) are kept in the past 36 months? If yes, give details, dates and confirm whether the location is now free from disease:

21. To your knowledge, are there any contagious or infectious diseases on the premises now? If yes, please provide details:

22. Please provide full details of your Veterinary Surgeon:

Name: _____

Address: _____

Phone: _____

23. What is the distance between your Veterinarian's practice to where the animals are usually located? _____

24. Have you ever sustained a loss of animal in the past 38 months? If yes, please provide details: _____

25. How many UNINSURED Alpaca(s) have you lost during the past 36 months? Please provide cause of death in each case: _____

26. Are the Alpaca(s) currently insured or have they been insured previously by you or your agent? If yes, please provide details including the names of previous insurers:

27. Has any insurer ever declined or refused to renew livestock insurance? Yes No

If yes, please provide details: _____

28. Have you ever been paid claims on livestock at any time? Yes No

If so, state how many, amount(s) and name(s) of insurer(s): _____



29. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? Yes No

If yes, please provide details: _____

PAYMENT

If you would like to go ahead, please fill out these pages and return them to us either by fax or mail along with your payment. If you wish to electronically transfer the payment to our account, please contact us for details.

If you will be paying by credit card please fill out the slip below.

Credit Card Payment Authority			
<input type="checkbox"/>		<input type="checkbox"/>	
□□□□	□□□□	□□□□	□□/□□
Cardholder Name		Amount	\$
Signature		Date	

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose all of the information that is known to you which is relevant to the Insurer's decision to insure you and the terms of that insurance.

Your duty of disclosure is to tell the insurer what a reasonable person could be expected to know is relevant to that decision having regard to the nature & extent of the insurance cover to be provided and the class of persons who ordinarily applies for this insurance

You have the same duty to disclose those matters to the insurer before you renew, vary or reinstate a contract of general insurance.

Your duty of disclosure extends to not only answering the questions on the proposal form, but to all matters which are relevant to the risk, and you must notify the insurer of changes in the risk between the time of you answering the question on the proposal form and the date the contract of insurance is entered into.

Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract for a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

DECLARATION OF HEALTH AND FACTS

- ◆ I/We hereby acknowledge that my/our duty of disclosure has been brought to my/our notice as per the disclosure notice printed with this Proposal Form
- ◆ I/We declare that the Animal/s proposed for this insurance is/are in good health and is/are free from injury, disability, abnormality or illness and have been so for the past twelve (12) months and that I/We have not withheld any information likely to affect acceptance of this insurance.
- ◆ I/We hereby acknowledge that no insurance is in force until any Veterinary Certificates requested have been accepted by AIS Insurance Brokers.
- ◆ I/We declare that no information has been withheld or known of any other circumstance likely to effect the acceptance of this insurance.
- ◆ I/We agree that this application and declaration shall be the basis of the insurers' certificate and will be subject to the terms, conditions, exclusions and endorsements contained therein.
- ◆ I/We also declare that the information provided in this Proposal Form by me/us is correct in every particular.

Signature: _____ **Date:** ____/____/____

No Insurance is in force until this proposal and any Veterinary Certificate has been received and accepted by the insurer.