



A.I.S. Insurance Brokers Pty Ltd
 ACN 065 797 597
 ABN 36 543 825 719
 AFS Licence No. 255304

137 Moray Street
 South Melbourne 3205
 PO Box 7660
 Melbourne Victoria 3004
 Australia

Telephone +61 3 8699 8888
 Facsimile +61 3 8699 8899
 email insure@aisinsurance.com.au
 www.aisinsurance.com.au

LIVESTOCK 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 Livestock(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 LIVESTOCK TO BE INSURED

| | | | | | |
|----|-------------------------------|------------------|----------------|--------------------------|-------------|
| 1. | Name of Animal | Date of Birth | Colour | Breed | Sex |
| | _____ | _____ | _____ | _____ | _____ |
| | Tag / Tattoo / Identification | Date of Purchase | Purchase Price | If Bred Service Fee Paid | Sum Insured |
| | _____ | ___/___/___ | \$_____ | \$_____ | \$_____ |

| | | | | | |
|----|-------------------------------|------------------|----------------|--------------------------|-------------|
| 2. | Name of Animal | Date of Birth | Colour | Breed | Sex |
| | _____ | _____ | _____ | _____ | _____ |
| | Tag / Tattoo / Identification | Date of Purchase | Purchase Price | If Bred Service Fee Paid | Sum Insured |
| | _____ | ___/___/___ | \$_____ | \$_____ | \$_____ |

| | | | | | |
|----|-------------------------------|------------------|----------------|--------------------------|-------------|
| 3. | Name of Animal | Date of Birth | Colour | Breed | Sex |
| | _____ | _____ | _____ | _____ | _____ |
| | Tag / Tattoo / Identification | Date of Purchase | Purchase Price | If Bred Service Fee Paid | Sum Insured |
| | _____ | ___/___/___ | \$_____ | \$_____ | \$_____ |

| | | | | | |
|----|-------------------------------|------------------|----------------|--------------------------|-------------|
| 4. | Name of Animal | Date of Birth | Colour | Breed | Sex |
| | _____ | _____ | _____ | _____ | _____ |
| | Tag / Tattoo / Identification | Date of Purchase | Purchase Price | If Bred Service Fee Paid | Sum Insured |
| | _____ | ___/___/___ | \$_____ | \$_____ | \$_____ |

QUESTIONNAIRE / LIVESTOCK INFORMATION

1. Location of Animal(s): _____
2. Is the location that the Animal(s) are kept at under constant supervision? Yes No
3. Have any of your Animal(s) been imported? Yes No
If yes, when and where were they imported from? _____
4. How long have the Animal(s) been in your possession or care? _____
5. Have any of the Animal(s) proposed suffered from any illnesses, injuries or diseases in the past 12 months? Yes No
If yes, please provide details: _____
6. Are the Animal(s) in sound health? Yes No
If no, please provide details: _____
7. Has the Animal(s) undergone any surgery? Yes No
If yes, please provide details, dates and confirm whether the Animal(s) have made a full recovery: _____
8. Has there been any evidence of contagious or infectious disease at the location where the Animal(s) are kept in the past 36 months? If yes, give details, dates and confirm whether the location is now free from disease: Yes No

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

10. Please provide full details of your Veterinary Surgeon:
Name: _____
Address: _____
Phone: _____
11. Have you ever sustained a loss of animal in the past 38 months? If yes, please provide details:

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



13. Has any insurer ever declined or refused to renew livestock insurance? Yes No
If yes, please provide details: _____
14. 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): _____

15. 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"/> |  |
| □□□□ | □□□□ | □□□□ | □□□□ |
| | | | Expiry Date □□/□□ |
| 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.