

LIVESTOCK INSURANCE PROPOSAL FORM

DETAILS OF INSURED

Name of Insured:			
Trading As (If Applicable):			
Phone:		Mobile:	
Postal Address:			
<input type="checkbox"/> I consent to receiving all correspondence and documentation from you via the email address provided below.			
Email Address:			
ABN:	Are you registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No	ABN:	
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

DETAILS 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: _____

YOUR DUTY OF DISCLOSURE

YOUR DUTY OF DISCLOSURE (IF YOU ARE NOT A CONSUMER)

Before **you** enter into an insurance contract, which is not a consumer insurance contract (as that term is defined in the Insurance Contracts Act 1984 or ICA), **you** have a duty to tell the insurer anything that **you** know, or could reasonably be expected to know, that may affect the insurer's decision to insure **you** and on what terms. **You** have this duty until the insurer agrees to insure **you**. **You** have the same duty before **you** renew, extend, vary, or reinstate an insurance contract. **You** do not need to tell the insurer anything that:

- reduces the risk they insure **you** for; or
- is common knowledge; or
- the insurer knows, or should know; or
- the insurer waives **your** duty to tell them about.

If **you** do not tell the insurer anything **you** are required to, they may cancel your contract, or reduce the amount they will pay you if **you** make a claim, or both. If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

DUTY TO NOT MAKE A MISREPRESENTATION (IF YOU ARE A CONSUMER)

There are specific duties that apply to **you** when **you** enter into, vary or extend a consumer insurance contract - which is defined in the ICA as one obtained wholly or predominantly for your personal, domestic or household purposes e.g., domestic car, house, travel or accident & illness insurance.

You have a duty under the Insurance Contracts Act 1984 (ICA) to take reasonable care not to make a misrepresentation to the insurer (**your** duty). **Your** duty applies only in respect of a policy that is a consumer insurance contract, which is a term defined in the ICA. **Your** duty applies before **you** enter into the policy, and also before **you** renew, extend, vary, or reinstate the policy. Before **you** do any of these things, **you** may be required to answer questions and the insurer will use the answers **you** provide in deciding whether to insure **you**, and anyone else to be insured under the policy, and on what terms. To ensure you meet **your** duty, **your** answers to the questions must be truthful, accurate and complete. If **you** fail to meet **your** duty, the insurer may be able to cancel **your** contract, or reduce the amount it will pay if **you** make a claim, or both. If **your** failure is fraudulent, the insurer may be able to refuse to pay a claim and treat the contract as if it never existed.

FRAUDULENT CLAIMS CLAUSE (AUSTRALIA)

If any claim made is in any respect fraudulent or if any fraudulent means or devices are used by **You** or anyone acting on the **Your** behalf to obtain any benefit under this Policy, or if any loss under the terms of this Policy be brought about by the wilful act or with the collusion of **You**, **We** without prejudice to any other right(s) we might have under this Policy, may be entitled to refuse to pay such claim.

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 Coverforce.
- ◆ 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.

GENERAL ADVICE WARNING

*This document has been prepared without taking into account your objectives, financial situation or needs. You must therefore assess whether it is appropriate, in the light of your own individual circumstances, to act upon this advice.
Please refer to the Insurance Product Disclosure Statement (PDS) prior to making any decision to acquire that product.*