Theft of Livestock Insurance Application

Applicant(s) name(s) (include 'Trading As' if applicable)

Telephone

Email

Postal Address

Postcode

Situation No. 1

Address of property to be insured & PIC Number

Postcode

Fire & Perils (Total Livestock)

Theft (Max $200,000)

Total Area (Hectares)

Type of Livestock

Situation No. 2

Address of property to be insured & PIC Number

Postcode

Fire & Perils (Total Livestock)

Theft (Max $200,000)

Total Area (Hectares)

Type of Livestock

Situation No. 3

Address of property to be insured & PIC Number

Postcode

Fire & Perils (Total Livestock)

Theft (Max $200,000)

Total Area (Hectares)

Type of Livestock

Situation No. 4

Address of property to be insured & PIC Number

Postcode

Fire & Perils (Total Livestock)

Theft (Max $200,000)

Total Area (Hectares)

Type of Livestock

General Questions

1. Has any insurer declined an insurance application or claim from you or cancelled or refused to renew your policy or required special terms to insure you?

No ☐ Yes ☐ ▸ Name of insurer

Date / /

Details of action taken by insurer

2. Have you suffered any Livestock losses, **whether you made an insurance claim or not**, or had any claims made against you in the last 5 years?

No ☐ Yes ☐ ▸ Give details

3. Have you been charged with, or convicted of, any criminal offences in the past 10 years?

No ☐ Yes ☐ ▸ Details of the charges or convictions

Details of any penalty, fine or bond imposed

Date / /

4. Are all the situations noted on this application under regular supervision by a manager or appointed manager? And are stock movements recorded to the National Livestock Idenification scheme?

No ☐ Yes ☐ ▸ If "No" please provide details

Declaration

I/We declare that:

a) to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

b) I/we understand that any statement made in this application will be treated as a statement made by all of the people to be insured.

Signature of the insured or person with authority to sign for and on behalf of a company or partnership

Date / /

Signature of the insured or person with authority to sign for and on behalf of a company or partnership

Date / /