



Wildlife Insurance Underwriters, LLC

214 Key Drive, Suite 2000
Madison, MS 39110
Phone: (601) 607-DEER
Fax: (601) 510-9119
Email: cs@insurewildlife.com



WORKING DOG INSURANCE PROPOSAL FORM

Cover is against the Risks specified in the schedule and subject to various conditions, limitations and exclusions. A copy of the WORDING will be provided upon request.

BEFORE ANY QUESTION IS ANSWERED READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL WHICH YOU ARE REQUIRED TO SIGN. ANSWER ALL QUESTIONS IN FULL.

GENERAL INFORMATION

Name:

Postal address:

Telephone No:

Fax:

Email address:

Number of years experience with working dogs:

Please State cover required: All Risks of Mortality
Restricted perils
Theft
Government Slaughter Disease
Transit
Other

Requested period of insurance: From:

To:

DETAILS OF LOCATION WHERE ANIMALS ARE KEPT

Location of Animals if different to above:

Are these locations manned 24 hours a day?

Construction details of buildings used to hold animals, including nature of fencing around runs:

Type of fire fighting equipment on premises:

Is there a maintenance contract for fire equipment and electrics? If yes please state frequency of checks and is there a record?

Are there any alarms on the property, if so what for?

Are the dogs kept in secure cages at all times when in transit?

Are the dogs accompanied by an experienced handler at all times whilst working?

What is the ratio of dogs to handlers whilst working?



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SCHEDULE OF ANIMALS PROPOSED FOR INSURANCE

Please fully complete the attached table of animals to be insured for each location.

Please give a brief summary of what their work entails:

Please give details of any training/exercise programmes that the dogs are under;

Were these animals purchased, if yes please provide details, or bred?

HUSBANDRY INFORMATION

Type and origin of feed:

Are the animals checked on a daily basis, please provide details:

Describe your worming program:

Describe your vaccination program (including vaccines given/ frequency):

Are any new animals held in isolation before joining the others? If yes give details:

Are the animal's diets supplemented in any way, if so with what? If Yes have these been recommended by a veterinary surgeon or nutritionist?

DISEASE INFORMATION

Have any animals on the property suffered from any illnesses, injuries, disease, or undergone surgery in the last 12 months? (If YES please provide full details):

Have there been any contagious or infectious diseases in the past 36 months? (if YES, please provide further details):

To your knowledge are there any contagious or infectious diseases on the premises now? (if YES, please provide further details):

Have there been any contagious or infectious disease within the locality during the last 36 months?

Are the proposed animals in sound health? (if NO please give further details). Please note that it is normal practice for a veterinary certificate or DOH to be requested before cover incepts:



VETERINARY DETAILS

Name, full address and telephone number of your Veterinary Surgeon:

What is this distance from where the animals are normally located?

INSURANCE HISTORY

Are the proposed animals now insured or have they been insured previously by you or your agent? (if YES, give details including the names of Insurers):

Are the proposed animals insured elsewhere by their owners and or their agents? (if YES, give details including the names of Insurers):

Have you ever sustained a loss of an animal by any of the contingencies which you propose to insure? (If YES please give details including reason and preventative measures taken):

Has any Insurer ever declined or refused to renew your Livestock Insurance? (If YES, give details):

Have you other animals which are not proposed for Insurance? (If YES, give details of why they are not Proposed):

Have you been paid claims on livestock at any time? (If YES, state how many, amount(s) and name(s) of Insurer(s):

Are there any leases or mortgages on any of the animals? (If YES, give details):

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? If so please give full details:

DECLARATION:

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of Owner

Date



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Print Name

DATA PROTECTION ACT 1998 - PROPOSER'S CONSENT CLAUSE

I/We hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.
Signed:

22/6/00
NMA2866

DETAILS OF ANIMALS TO BE INSURED;

NAME OF ANIMAL	SPECIES / BREED	SEX	TAG / MICROCHIP NUMBER	DATE OF BIRTH/ AGE	PURCHASE PRICE	SUM TO BE INSURED

PLEASE CONTINUE ON ADDITIONAL SHEETS IF REQUIRED