



# STRATEGIC INSURANCE SYSTEMS

UNDERWRITING MANAGERS

## SECURE GAME INSURANCE APPLICATION FORM

Before answering any of the questions, please read the declaration at the end of the Application carefully.

- i) Answer all questions fully. Replies such as “see your records”, or “previously stated” are not acceptable. If you have insufficient space to complete any of your answers, a separate sheet should be used and attached. PLEASE COMPLETE IN PRINT
- ii) Signature of this Application does not bind the Insurer to underwrite the insurance.
- iii) You are required to initial each page of this Application as the disclosures made by you are binding to the Proposed Insurance Cover.
- iv) It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer’s judgment.
- v) FAILURE to disclose, could prejudice your rights to indemnity in the event of a claim or cause Insurers to void your Policy.

To ensure you do not fill in unnecessary sections, please complete only the sections relevant to your cover choice as outlined below.

All Risks Mortality/Annual Fire & Lightning Cover A, B, C, D, E2, F  
Other Cover – shorter period cover A, B, C, D, E1, F

### A. IMPORTANT INFORMATION / BELANGRIKE INLIGTING:

1. Are you currently insured? Yes..... No.....
2. Have you had any claims or losses in the past 3 years? Yes..... No.....

If YES, provide full details:

.....  
.....

3. Has a policy ever been cancelled by an Insurer? Yes..... No.....

If YES, provide full details:

.....

YOU ARE REQUIRED TO PROVIDE A COPY OF THE EXEMPTION CERTIFICATE FOR THE COVER TO INCEPT.

### B. DETAILS OF OWNER OF ANIMAL(S): (Person/Trustee/Director)

1. Name of individual/ company/ trust/business:.....
2. ID Number / Registration Number: (COMPULSORY) : .....
3. Surname:.....
4. Full name:.....
5. VAT number:.....

Strategic Insurance System (Pty) Ltd (Reg No 1998/05857/07) is underwritten by Mutual and Federal Risk Financing Limited, Registration Number 1966/10741/06. A licensed Non-Life Insurer | Unit 35 Oxford Office Park, 3 Bauhinia Street, Highveld Techno Park, 7441 T: 012 667 2441 | E: SecureAnimal@stratsys.co.za | www.stratsys.co.za | Strategic Insurance Systems (Pty) Ltd is an authorised financial service provider FSP No. 1007

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6. Postal address:.....

Postal Code: .....Province: .....7. Cellular Number:.....

8. Telephone Number : Home: .....Work: .....

10. E-mail address : .....

### C.DETAILS OF PROPERTY ON WHICH ANIMAL(S) OCCUR / WILL OCCUR:

1. Name of individual / trust/business:.....

2. Physical address:.....

..... Code: ..... Province: .....

3. Contact person/manager:.....

4. Telephone: Cellular : .....Home : .....Work : .....

5. Size of property (hectares):..... 6. Is the property adequately enclosed? Yes..... No.....

7. Have there been any contagious or infectious disease on the property or in the district in the past 3 years? Yes..... No.....

### D. MANAGEMENT DETAILS:

1. Do you have fire management/prevention program in place? Yes..... No.....

2. Is the habitat/environment suitable for the resident animal(s)? Yes..... No.....

### E. ANIMAL MANAGEMENT & OTHER INFORMATION:

1. Which veterinarian do you use for the day-to-day treatment of animals on your property?

Surname: .....Telephone Number: .....

2. How was / will the animal be captured? Chemical immobilization -Mass Capture -Passive Capture – Please mark applicable answer with “x”

Chemical immobilization	
Mass Capture	
Passive Capture	

3. What is the distance to be travelled for the translocation of the animal(s) (km): – Please mark applicable answer with “x”

0-19km	
20-499km	
500-999km	
1000-1500km	

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4. Please provide the details of the contractor/s employed for the capture and transportation of your animals:

a) Name: .....

b) Telephone Number : Cellular:..... Home: .....Work:.....

### E – ANIMAL(S) TO BE INSURED

Specie - each animal individually:	Sex:	Age:	Microchip /	Purchase price:	Sum insured:	Inception date:

#### E 1 - INSURANCE – OTHER COVER- TYPE OF COVER (Please mark with “X”)

Capture		Loading		Step Off Cover - Number of days	7		14		30		Other (insert)	
Capture & Bleeding Cover (Buffalo)		Yes		Boma Cover		Boma 45 Days						
		No				Boma - Number of days – insert						
Transit by air (In Flight) or by Sea		Transit by road			Other (please describe)							
Transit from Where to Where (Airport, place or harbour)												
Signature of Insured												

#### E 2 - ALL RISK MORTALITY COVER // ANNUAL FIRE & LIGHTNING COVER - TYPE OF COVER (Please mark with “X”)

Capture		Loading		Transit		Post Release Stress (PRS) – Number of Days	7		14		Poaching – Rhino Only	Yes	No
											Poaching Survey Completed	Yes	No
All Risk Mortality Cover (ARM) - Number of months			1		3		6		12		Other (insert)		
Annual Fire & Lightning Cover								Inception Date					
Signature of Insured													

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## U N D E R W R I T I N G M A N A G E R S

*F. DECLARATION / VERKLARING:*

I/We declare that the statements and particulars in this Application form are true and that I/We have not mis-stated or suppressed any material facts.

I/We agree that this Application form, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected.

Signed at: ..... on: .....

.....  
*For and on behalf of: (Name of Business/Trust/Syndicate)*

.....  
*Signature of Director/Principal/Partner/Trustee*

.....  
*Name of signatory (Please print)*

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