



STRATEGIC INSURANCE SYSTEMS

UNDERWRITING MANAGERS

SECURE LIVESTOCK 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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7. Postal address:.....

Postal Code:Province:8. Cellular :.....

9. 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.....

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. What is the distance to be travelled for the translocation of the animal(s) (km):

3. Have your Animal(s) been vaccinated against :

Vaccinated against :	Yes	No	Date vaccinated
Pneumonia			
Pulpy Kidney			
Blue Tongue			

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Pasturella			
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4. Do you have a tick control programme? Mark with "x"

Yes	No
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5. When did you do a faecal count to ensure parasites are under control? Please supply date:

6. Heartwater questions:

Statement – mark "yes" or "no" with "x"	Yes	No
Have your kids been vaccinated within 3 weeks from birth ?		
Were the animals dipped if they were moved from heartwater area to non-heartwater area prior to moving ?		
Does the animal(s) display any of the following symptoms: high fever, frothy nostril discharge, respiratory problems?		
When last was the anima(s) vaccinated ?	Date:	

E - INSURANCE – ANIMAL(S) TO INSURE

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

E 1 TYPE OF COVER (Please mark with "X")

Transit by air (in Flight) or by sea	Transit by road	Inception Date	Step Off Cover – Number of days	7	
				14	
				30	
Other – please describe					
Transit from Where to Where (Airport, place or harbour)					
Signature of Insured					

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E 2 - ALL RISK MORTALITY COVER // ANNUAL FIRE & LIGHTNING COVER																			
TYPE OF COVER (Please mark with "X")																			
Transit						Inception Date													
Annual Fire & Lightning Cover							Annual Fire & Lightning Cover & Theft Cover (CATTLE ONLY)												
<table border="1"> <tr> <td>All Risk Mortality Cover (ARM) - Number of months</td> <td>1</td> <td>3</td> <td>6</td> <td>12</td> <td colspan="5">Other (insert)</td> </tr> </table>										All Risk Mortality Cover (ARM) - Number of months	1	3	6	12	Other (insert)				
All Risk Mortality Cover (ARM) - Number of months	1	3	6	12	Other (insert)														
Theft			Heartwater			Impotency													
Signature of Insured																			

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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