

# Proposal Form

## Working Dog Insurance

You must take care in answering all the following questions which are relevant to us in providing this insurance and setting the terms and premium. Please contact us if you do not understand the question or the nature of the information required or please seek guidance from your broker. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or other remedies.

You should keep a record (including copies of letters) of all the information supplied.

### General Information

Name:

Registered home /  
Company address:

Tel. No.:

Fax No.:

Email Address:

No. of years' experience with working dogs:

Please State cover required:

All Risks of Mortality

Theft

Loss of Use

Other (please state):

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?

Yes

No

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

Type of firefighting equipment on premises:

Is there a maintenance contract for fire equipment and electrics?

Yes  No If Yes, please state frequency of checks and is there a record?

Are there any alarms on the property?

Yes  No If Yes, what for?

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

Yes  No

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

Yes  No

What is the ratio of dogs to handlers whilst working?

### **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 programs that the dogs are under;

Were these animals purchased?

Yes  No 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?

Yes  No If yes, please give details:

Are the animal's diets supplemented in any way, if so with what?

Yes  No If Yes, have these been recommended by a veterinary surgeon or nutritionist?

## Disease Information

Have any animals to be insured suffered from any illnesses, injuries or disease, or undergone any treatment or surgery in the last 12 months?

Yes  No If Yes, please provide full details:

Have there been any contagious or infectious diseases in the past 36 months?

Yes  No If Yes, please provide further details:

To your knowledge are there any contagious or infectious diseases on the premises now?

Yes  No If Yes, please provide further details:

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

Yes  No

Are the proposed animals in sound health?

Yes  No If No, please give further details:

Please note that it is normal practice for a veterinary certificate 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?

Yes  No If Yes, give details including the names of Insurers

Are the proposed animals insured elsewhere by their owners and or their agents?

Yes  No If Yes, give details including the name of Insurers:

Have you ever sustained a loss of an animal by any of the contingencies which you propose to insure?

Yes  No If Yes, please give details including reason and preventative measures taken:

Has any Insurer ever declined or refused to renew your dog Insurance?

Yes  No If Yes, give details:

Have you other animals which are not proposed for Insurance?

Yes  No If Yes, give details of why they are not proposed:

Have you been paid claims for dog insurance at any time?

Yes  No If Yes, state how many, amount(s) and name(s) of Insurer(s):

Are there any leases or mortgages on any of the animals?

Yes  No 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?

Yes  No If Yes, please give full details:

### Details of Animals to be Insured

Name of Animal	Species/Breed	Sex	Tag/Microchip Number	Date of Birth/Age	Purchase Price	Purchase Date	Sum to be Insured

Please continue on additional sheets if required

### Change in Circumstances

You must tell us as soon as practicably possible about any changes to the information you have provided to us which happens before or during any period of insurance. We will tell you if such change affects your insurance and if so, whether the change will result in revised terms and/or premium being applied to your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

### Data Protection Act

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection

Act 1998. For the purpose of providing this insurance and handling or any claims or complaints which may arise under it, we may need to transfer certain information which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

**Declaration (for consumer)**

I/we declare that the information disclosed in this proposal, is to the best of my/our knowledge and belief it is both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.

**Declaration (for non-consumer)**

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances

Signing this proposal does not bind you to enter into this insurance.

We and you are entitled to choose the law that will govern this contract of insurance.

We propose English law and this will apply unless otherwise agreed.

No cover is in force until this proposal is accepted by the insurer and the premium is paid. The insurer reserves the right to decline any insurance proposal or to offer different premium and terms from those quoted dependent on the information you have provided

Signature:

Please Print Name:

Dated



