

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Licensed insurer and an authorised FSP (17703)

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Important notes							
Broker Details							
Agency/broker							
Agency number							
Personal Details							
Full names of owner							
Postal address							
						Code	
Physical address							
						Code	
Address where animals are kept							
Financial interest (if any)							
Contact Details							
Telephone number		(W)					
Telephone number		(H)					
Telephone number		(C)					
Email address							
Details of animals to be insured							
<i>If insufficient space is available on the form please provide answers on a separate sheet of paper and attach to this proposal.</i>							
Animal Type	Sex	Complete description: Name, breed, colour, markings, brandings (on which part of body) and registration number	Animal age	Purchase price if bought	Date of purchase	Purpose animal will be used for	Sum insured

Cover required: indicate with an X in the appropriate block

Pedigreed bulls and cows

<input type="checkbox"/> Basic cover - death	<input type="checkbox"/> Heartwater fever	Permanent Impotence of bulls
<input type="checkbox"/> Redwater fever	<input type="checkbox"/> Gall sickness	
		<input type="checkbox"/> a) Accident only
		<input type="checkbox"/> b) Accident, illness and disease

Pedigreed sheep/goats

<input type="checkbox"/> Basic cover - death	<input type="checkbox"/> Blue Tongue	Permanent Impotence of rams
<input type="checkbox"/> Pulpy Kidney		
		<input type="checkbox"/> a) Accident only
		<input type="checkbox"/> b) Accident, illness and disease

Optional extensions

<input type="checkbox"/> Malicious damage	<input type="checkbox"/> Calf extension	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Dog & wild animal attack
<input type="checkbox"/> Lamb extension	<input type="checkbox"/> Freezing of livestock	<input type="checkbox"/> Theft	

Information gathering questions

1. Are the animals that cover is being requested for kept in a corral overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. a. Are the animals used for milk production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does any other party have an interest in the animals? If so, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. a. Are the animal healthy and in a good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Supply details of any defects, sicknesses or diseases that occurred within the last 12 months.	
4. Is there or has there been any infectious, contagious or tick-borne diseases:	
a. Currently on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. On the premises during the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Currently in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What precautions do you take to eliminate ticks? <i>(it is a condition precedent to this insurance that all insured animals are treated against ticks in accordance with the procedures as laid down by the State Veterinarian.)</i>	
6. a. How long have these animals been in your possession?	
b. If these animal have recently been brought into the district, please state from where and when.	
7. a. Are these animals currently insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Were they previously insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If so, please supply the name of the insurance company.	
d. Has your application for Pedigreed Livestock cover ever been refused or has any insurance company declined to renew or continue with cover? If so, please supply the name of the insurance company and details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. a. How many of your animals, regardless of type or breed, have died within the past 24 months?	
b. Supply the date and cause of death for each and every case.	
c. Have you instituted any claims for Pedigreed Livestock losses? If so, please supply the following: <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Total amount settled.	
e. Paid by which insurer?	
9. To your knowledge is there any other information or circumstances not already stated that would influence the company's Decision on Pedigreed Livestock application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Special questions

A. i. Name of responsible Veterinary Surgeon.	
ii. Distance from the farm to the nearest Veterinary Surgeon.	
iii. Who is in daily control of the farming activities?	
B. Fertility of bulls and rams	
i. Are all bulls and rams that are insured against infertility guaranteed as fertile and able to breed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Have the above-mentioned bulls or rams successfully mated with cows or ewes and produced healthy offspring? <input type="checkbox"/> Yes <input type="checkbox"/> No	

No policy is in force until we have received the fully completed and signed application form and confirmed cover. If we decline your application, we will notify you or your broker immediately.

DECLARATION

I/we, the Insured or such person acting on behalf of the Insured do hereby apply for insurance cover for the above-mentioned animals, subject to the terms and conditions of the policies that are issued, and I/we hereby confirm the accuracy of the information as supplied with regards to the description, family tree, age and values of the animal, that they are strong and in good health and will only be used for purposes as stated, that no important information has been withheld and that the answers to the above-mentioned questions are true and I/we accept that this Proposal and declaration will form the basis of the contract between myself/ourselves and the company.

Date:	
Signature of Applicant:	
Agent/Broker:	

All questions must be answered. Furthermore all questions must be answered completely and correctly.