

Marine Game Insurance Application Form

Section A: Broker's details

Name: Agency code: /

Physical address: Code:

Marketer's name: E-mail:

Office number: Cell number:

Section B: Proposer's details

Company: Yes No

Registration number: VAT number:

Nature of business:

Physical address: Code:

Individual: Yes No

ID/Passport number:

Name:

Occupation: Position:

Office number: Cell number:

Physical address: Code:

Section C: Animal (subject matter) details

ANIMAL IDENTIFICATION	Lot no./Item no. 1	Lot no./Item no. 2	Lot no./Item no. 3	Lot no./Item no. 4
Type of animal(s):	.....	.....	.....	.....
Number of animals if many:	.....	.....	.....	.....
Sex:	M F	M F	M F	M F
Age:	.....	.....	.....	.....
Ear tag:	Yes No	Yes No	Yes No	Yes No
Ear tag:	.....	.....	.....	.....
Microchip:	Yes No	Yes No	Yes No	Yes No
Microchip number:	.....	.....	.....	.....
If rhino, has it be dehorned?	Yes No	Yes No	Yes No	Yes No
If Yes, provide full details:	.....	.....	.....	.....
Insured value (excl. VAT):	.....	.....	.....	.....
(incl. VAT):	.....	.....	.....	.....
Total insured value (all animals):	..... (excl. VAT)			..... (incl. VAT)

Section D: Cover required

- | | | | | |
|-------------|-----|----|------------------------|-----------------|
| 1. Transit: | Yes | No | Standard/Limited Cover | All Risks Cover |
| 2. Veld: | Yes | No | Limited Cover | All Risks Cover |
| 3. Sasria: | Yes | No | | |

If answer to any of the Items 1 to 3 above is Yes, please provide details required on Section D.1 and D.2 below as applicable to the selected cover required.

Section D.1: Transit

- On what date is the transportation?
How many days is the transportation going to last?
- From where is/are the animal(s) coming? Location (GPS coordinates):
- Name of the game farm/reserve from where the animal(s) is/are coming:
- Name of game farm/reserve manager: Years of experience:
- To where is/are the animal(s) is going? Location (GPS coordinates):
- Name of the game farm/reserve to where the animal(s) is/are going?
- Name of game farm/reserve manager: Years of experience:
- Is a veterinarian report issued? Yes No If Yes, attach a copy when submitting the application form.
- Name of the veterinarian contracted/used to issue the veterinarian report?
- Is the health of the animals to be insured:
Poor? Yes No
Good? Yes No
- Who is transporting the animal? Proposer names under Section B above Professional game transporter
- If the animal(s) is/are transported by a "professional game transporter", please provide name:
.....
- Does the professional game transporter have insurance? Yes No
- If answer to Item 13 above is Yes, please provide details of insurance:
Name of Insurer: Policy number:
- Over the last 36 (thirty six) months or currently, have there been any contagious disease(s) or infection(s) in the farm named in Item 1 above or within the district where the farm is situated? Yes No
- If answer to Item 15 above is Yes, please provide details:
- Do you have any other animals? Yes No
- Is the health of the other animals:
Poor? Yes No
Good? Yes No
- Are the animals insured? Yes No
- If answer to Item 19 above is Yes, please provide details of insurance:
Name of Insurer: Policy number:
- Are there any game farm(s)/reserve(s) in the vicinity of your farm? Yes No
- If answer to Item 21 above is Yes, what animals are kept on those farms?
- Have you made a claim under a Game Policy? Yes No

24. If answer to Item 23 above is Yes, please provide details:

Claim(s) paid? Yes No

Year of loss(es):

Type of animal(s):

Nature of loss(es):

Claim(s) amount:

Section D.2: Veld

1. From what date is cover required (date animal first arrives at the game farm/reserve)?

2. Cover period required at the game farm/reserve: 7 days or 14 days or 21 days or 30 days

3. Name of the game farm/reserve:

4. Size of the game farm/reserve: Location (GPS coordinates):

5. Name of farm/reserve manager: Years of experience:

6. Name of veterinarian contracted or regularly used:

7. How often are the animals counted?

Times a day and/or Times a week and/or Times a month

8. Name of party responsible for counting the animals:

9. Have any of the animals to be insured suffered any injuries within the last 36 (thirty six) months? Yes No

10. If answer to Item 9 above is Yes, please provide details:

11. Is the health of the animals to be insured:

Poor? Yes No

Good? Yes No

12. Over the last 36 (thirty six) months or currently, have there been any contagious disease(s) or infection(s) in your farm or within the district where your farm is situated? Yes No

13. If answer to Item 12 above is Yes, please provide details:

14. Do you have any other animals? Yes No

15. Is the health of the other animals:

Poor? Yes No

Good? Yes No

16. Are the animals insured? Yes No

17. If answer to Item 16 above is Yes, please provide details of insurance:

Name of Insurer: Policy number:

18. Are there any game farm(s)/reserve(s) in the vicinity of your farm? Yes No

19. If answer to Item 18 above is Yes, what animals are kept on those farms?

20. Animal statistics (what was/is the number of animals kept at the other game farm(s)/reserve(s) per year for the last 3 years?):

Current year? Previous year? Year prior to previous year?

21. Have you made a claim under a Game Policy? Yes No

22. If answer to Item 21 above is Yes, please provide details:
- Claim(s) paid? Yes No
- Year of loss(es):
- Type of animal(s):
- Nature of loss(es):
- Claim(s) amount:
23. If answer to Item 22 above is Yes, please provide details:
24. What risk management procedures/controls in place at your game farm/reserve (e.g. fences, security, veld management etc.)?
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25. Are there any other circumstances of which you are aware and that are not specifically mentioned in any question that may influence the acceptance of this proposal? Yes No If so, please provide full details:
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Section E: Required documents attached

- Ear tag/microchip certificate? Yes No
(only a certificate issued before completion of this form shall be accepted)
- Dated picture with ear tag? Yes No
(only a picture dated before completion of this form shall be accepted)
- Veterinarian report/certificate? Yes No
(only a report/certificate issued by a qualified veterinarian shall be accepted)
- Permit for translocation? Yes No (only a permit issued by a regulated body is acceptable)

Section F: Declaration

I/We (the Proposer named under Section B) am the Owner of the animals noted under Section C. I/We confirm that to the best of my/our knowledge the information supplied under all sections herein is correct and true. I/We have not withheld any material facts. I/We understand that the Insurer has the right to cancel/void the insurance policy should it be found that I /We have withheld or miss-stated or suppressed any material facts that might influence the assessment of the risk. I/We also understand that completion of this application form does not bind the Insurer or mean we will accept an insurance quote/policy on submission of this application form, but if terms and conditions of cover are agreed, this application form shall form part of the insurance contract.

I/We confirm that in the past, an Insurer (if answered Yes to any of the questions below, please provide details on space provided):

- Declined to insure me/us: Yes No
- Cancelled my/our insurance: Yes No
- Refused to renew my/our insurance: Yes No
- Imposed special terms: Yes No

Signature (authorised representative and company rubber stamp):

Date (yyyy/mm/dd):

Name (in full): Position/designation:

