**Declaration:**

Have you the proposer, any director/partner of the business, either personally or in any business capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◦ Been bankrupt, insolvent, subject to bankruptcy/ insolvency proceedings |  Yes | [ ]  |  No | [ ]  |
| ◦ Had a proposal refused or declined |  Yes | [ ]  |  No | [ ]  |
| ◦ Had insurance cancelled or special terms imposed |  Yes | [ ]  |  No | [ ]  |
| ◦ Had any convictions for criminal offences  |  Yes | [ ]  |  No | [ ]  |

**Business Details:**

|  |  |
| --- | --- |
| ◦ Renewal Date |       |
| ◦ Legal Trading Status |  |
| ◦ Business Name |       |
| ◦ Title |  |
| ◦ Forename  |       |
| ◦ Surname |       |
| ◦ Telephone Number |       |
| ◦ Email  |       |
| ◦ Website | www.       |
| ◦ Street Number/Name |       |
| ◦ Town/City |       |
| ◦ County |       |
| ◦ Postcode |       |
| ◦ Year Business Established |       |
| ◦ Years at Current Address |       |
| ◦ Number of Employees |       |
| ◦ Current Insurer |       |
| ◦ Any Accidents or Claims in the Last 5 Years | Yes [ ]  No [ ]  |
|  | If yes, please give details.            |
| ◦ Material Facts | [ ]  None[ ]  The business is not self-contained with its own access[ ]  The location has a history of flooding[ ]  The property is made of non-standard materials[ ]  The property/adjacent property has signs of Subsidence [ ]  The proposer is not the sole occupant of the premises[ ]  There is a cash machine (ATM) at the premises |

1. **Farm Buildings:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description including Construction (and address if different from the main location)** | **Sum Insured** | **Heated** | **Reinstatement**  |
| 1. (Main Location)       | £       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 2.       | £       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 3.       | £       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 4.       | £       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 5.       | £       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 6.       | £       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 7.       | £       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

1. **Farm Contents:**

|  |  |  |
| --- | --- | --- |
| **Item** | **Sum Insured** | **Reinstatement** |
| Machinery/Plant & Implements | £       | [ ]  Yes |
| Hay & Straw | £       | N/A |
| Grain | £       | N/A |
| Silage & Roots | £       | N/A |
| All Other Produce | £       | N/A |
| Deadstock | £       | N/A |
| Dairy Equipment/Machinery | £       | [ ]  Yes |
| Walls, Gates & Hedges | £       | N/A |
| All Agricultural Produce | £       | N/A |
| Grain Drying Plant/Machinery | £       | [ ]  Yes |
| Growing Timber (FLEA only) | £       | N/A |
| Poultry – Heated | £       | N/A |
| Poultry – Unheated | £       | N/A |
| Poultry Appliance – Heated | £       | N/A |
| Portable Hand/Power Tools | £       | [ ]  Yes |
| Other (please specify below) |  |
|                 | £      £      £       | [ ]  Yes[ ]  Yes[ ]  Yes |
| Livestock [ ]  Yes [ ]  No | £       | N/A |
| Is Livestock Grazed on Moorland, Unfenced or Common Land?If Yes, Please give Full Details.      | [ ]  Yes [ ]  No |

1. **Livestock:**

|  |  |
| --- | --- |
| Sheep – total value of sheep owned | £       |
| Cows - total value of cows owned | £       |
| Pigs - total value of pigs owned | £       |
| Poultry – total value of poultry owned | £       |
| Horses – total value of horses owned | £       |

1. **Fatal Injury to Livestock:** (By Violent, External, Accidental and Visible Means)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Sum Insured** | **Transit Only** | **Straying & Transit** | **Straying, Transit & Own Premises** |
| Cattle | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Sheep | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Pigs | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Horses | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes  |
| Sheepdogs (over £500) | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes |

1. **Money Cover:**

|  |  |
| --- | --- |
| ◦ Annual Carryings  | £       |
| ◦ Cash in Safe Overnight  | £       |
| ◦ Cattle Passports  | £       |
| ◦ Money – Assault Cover | Yes [ ]  No [ ]  |

1. **Goods/Stock and/or Livestock in Transit:**

|  |  |
| --- | --- |
| ◦ Maximum Load Limit | £       |
| ◦ Number of Vehicles |       |

1. **Business Interruption:**

|  |  |
| --- | --- |
| ◦ Total Gross Profit/Revenue Value | £        |
| ◦ Indemnity Period (months) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Revenue** | **Theft** | **Storm** | **Fatal Injury** | **Disappearance** |
| Cattle | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Sheep | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Pigs | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Horses | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes  | [ ]  Yes  |
| Sheepdogs (over £500) | £       | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes |

|  |  |
| --- | --- |
| ◦ Increased/Additional Cost of Working  | £       |
| ◦ Indemnity Period (months) |  |
| ◦ Rent Receivable  | £       |
| ◦ Indemnity Period (months) |  |

1. **Employers Liabilities Cover:**

|  |  |
| --- | --- |
| ◦ Wage Roll (next 12 months) | Clerical £       Farm/Estate/Casual Worker £       Agricultural Contracting £       Grooms/Market Gardeners/Nurserymen £      Other £       please state.      Other £       please state.      Other £       please state.      Other £       please state.       |

1. **Public/Products Liabilities Cover:**

|  |  |
| --- | --- |
| ◦ Total Annual Turnover  | £       |
| ◦ Select Limit of Indemnity  | £  |

|  |  |  |
| --- | --- | --- |
| **Diversification** | **Turnover** | **Limit of Indemnity** |
| Agricultural Contracting | £       | £  |
| Rent Receivable | £       | £  |
| Livery DIY/Full | £       | £  |
| Other, please state below.      | £       | £  |
| Other, please state below.      | £       | £  |

1. **Uncollected Milk:**

|  |  |
| --- | --- |
| ◦ Number of Animals at Milk at Any One Time |       |
| ◦ Number of Days Compensation Required  | 7 Days [ ]  15 Days [ ]  30 Days [ ]  |
| ◦ Compensation per Cow per Day  | £5 [ ]  £7.50 [ ]  |
| ◦ Cover for Contamination of Milk | Yes [ ]  No [ ]  |

1. **Frozen Bovine Semen/Liquid Flasks/Nitrogen:**

|  |  |
| --- | --- |
| ◦ Total Value of Flasks | £       |

1. **Accidental Damage to Oil, Fertiliser Tanks and Contents:**

|  |  |
| --- | --- |
| ◦ Total Value of Fertiliser or Fuel | £       |

1. **Other Options:**

|  |  |
| --- | --- |
| ◦ Legal Expenses  | Yes [ ]  No [ ]  |
| ◦ Loss Recovery | Yes [ ]  No [ ]   |
| ◦ Equipment Breakdown | Yes [ ]  No [ ]  |

1. **Private Motor Vehicles:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (select only one) | Comprehensive | [ ]  | Third Party Fire & Theft | [ ]  | Third Party Only | [ ]  |

|  |
| --- |
| Extensions: |
| Windscreen | Yes [ ]   | Loan & Hire | Yes [ ]   |
| Accompanied Demonstration | Yes [ ]   | Unaccompanied Demonstration | Yes [ ]   |

|  |
| --- |
| Vehicles Owned or Leased: |
| No. | Make | Model | Registration | CC | NCB | Value |
| 1 |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |

|  |
| --- |
| Insured Drivers: |
| Name | Age | Job | Use  | License Type | Length Held | Drive Which |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

1. **Commercial Motor Vehicles:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (select only one) | Comprehensive | [ ]  | Third Party Fire & Theft | [ ]  | Third Party Only | [ ]  |

|  |
| --- |
| Extensions: |
| Windscreen | Yes [ ]   | Loan & Hire | Yes [ ]   |
| Accompanied Demonstration | Yes [ ]   | Unaccompanied Demonstration | Yes [ ]   |

|  |
| --- |
| Vehicles Owned or Leased: |
| No. | Make | Model | Registration | CC | NCB | Value |
| 1 |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |

1. **Agricultural Motor Vehicles:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (select only one) | Comprehensive | [ ]  | Third Party Fire & Theft | [ ]  | Third Party Only | [ ]  |

|  |
| --- |
| Extensions: |
| Windscreen | Yes [ ]   | Loan & Hire | Yes [ ]   |
| Accompanied Demonstration | Yes [ ]   | Unaccompanied Demonstration | Yes [ ]   |

|  |
| --- |
| Vehicles Owned or Leased: |
| No. | Make | Model | Registration | CC | NCB | Value |
| 1 |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |

1. **Driver Details:**

|  |
| --- |
| Insured Drivers: |
| Name | Age | Job | Use  | License Type | Length Held | Drive Which |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

|  |
| --- |
| Drivers Convictions: |
| Name | Date | Code | Points |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| Drivers Accidents/Claims: |
| Name | Date | At Fault | Circumstances | Total Cost |
|       |       | Y [ ]  N [ ]  |       |       |
|       |       | Y [ ]  N [ ]  |       |       |
|       |       | Y [ ]  N [ ]  |       |       |
|       |       | Y [ ]  N [ ]  |       |       |
|       |       | Y [ ]  N [ ]  |       |       |

 **Please email the completed form to** **admin@tcfellis.co.uk** **and we will respond within 48 hours.**

 **Any Additional Information**

|  |
| --- |
|       |