MUTUAL & FEDERAL

Authorised Financial Services Provider

A Member of the OLD MUTUAL Group

PROPOSAL FORM / LIVESTOCK POLICY

Policy No.

Agency #

Policy Payment

Annual **A**

Monthly **M**

Representative

Please answer all questions and tick the appropriate box

Yes | No

This Insurance is dependent upon a true and complete answer being given to each question. Even if not asked for all material information must be disclosed

Accepted
by : ……..
Date : ……

Surname

Title and Initials

Postal Add

ID no.

Postal Code

Language ENG

Telephone

Date of Birth **Y M D**

Cell phone

Period of Insurance **Y M D** to **Y M D** at 24:00

Provide full details of your occupation or business

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1. Have your livestock been insured before — Yes | No

   If so, please state particulars

   ……

   a) Insurance Company ……..

   b) Branch ……

   c) Policy No. ……

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2. Has any insurer ever cancelled your policy, declined your proposal or refused to renew your policy? — Yes | No

   If so, please provide details

   ……

   ……

   a) Insurance Company ……..

   b) Reason for cancellation, refusal

   ……

   ……

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3. Losses

Provide full details of losses suffered during the past years irrespective of whether insured or not.

Date of loss	Description of Loss/Damage	Amount	Claim Number