



## GAME & LIVESTOCK INSURANCE APPLICATION FORM /WILD& LEWENDE HAWE VERSEKERING AANSOEKVORM arranged by/ saamgestel deur ANIMALSURE UNDERWRITING MANAGERS (PTY) LTD

Before answering any of the questions, please read the declaration at the end of the proposal form carefully.

**IMPORTANT NOTICE**

- i. Answer all questions fully. Replies such as "see your records", or "previously stated" are not acceptable. If you have insufficient space to complete any of your answers, a separate sheet should be attached.
- ii. Signature of this Proposal does not bind the Proposer/Insurer to underwrite the insurance.
- iii. You are required to initial each page of this Proposal as the disclosures made by you are binding to the Proposed Insurance Cover.
- iv. It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer's judgement.
- v. FAILURE to disclose could prejudice your rights to indemnity in the event of a claim or cause Insurers to avoid your Policy.

Lees asseblief die verklaring aan die einde van hierdie voorleggingsvorm deeglik voordat u enige vrae beantwoord.

**BELANGRIKE KENNISGEWING**

- i. Antwoord al die vrae volledig. Antwoorde soos "sien u rekords", of "voorheen gestaaf" is nie aanvaarbaar nie. Indien u nie genoeg spasie het om enige vraag te voltooi nie, heg 'n aparte bladsy aan.
- ii. Die ondertekening van hierdie voorleggingsvorm bind nie die Voorlegger/Versekeeraar om die versekering te onderskryf nie.
- iii. Parafeer elke bladsy van hierdie voorlegging aangesien die openbaarmakings deur u bindend is tot die voorgelêde versekeringsdekking. Dit is u plig om alle materiële feite aan die versekeeraars te openbaar.
- iv. 'n Materiële feit is een wat moontlik 'n verstandige Versekeeraar se oordeel sal beïnvloed.
- v. GEBREK om so 'n feit te openbaar kan u regte tot aanspreeklikheid benadeel in die geval van 'n eis, of veroorsaak dat Versekeeraar u Polis NIETIG verklaar.

To ensure you do not fill in unnecessary sections, please complete only the sections relevant to your cover choice as outlined below. Complete application in print

Om te verseker dat u nie onnodige afdelings voltooi nie, moet u asseblief slegs die afdelings voltooi soos hieronder aangedui. Voltooi aansoek in drukskrif.

All Risks Mortality/Limited Mortality/Catastrophe/Veld Cover/Boma Cover/Post Release Stress Alle Risiko Mortaliteite/Slegs Eksterne Ongelukbesering/Beperkte Gevaar/Velddekking/Bomadekking/Na-vrylatingstres	A, B, C, D, E2, E3, F
Translocation/Capture Translokasie/Vangs	A, B, C, D, E1, F

**A. IMPORTANT INFORMATION / BELANGRIKE INLIGTING:**

- |  |                                  |
|--|----------------------------------|
| 1. Are you currently insured?<br>Is u tans verseker???   | Yes.... No....<br>Ja.... Nee.... |
| 2. Have you had any claims in the past 12 months?<br>Het u enige eise gehad in die laaste 12 maande? | Yes.... No....<br>Ja.... Nee.... |

If YES, provide full details / Indien JA, verskaf volle besonderhede:

.....

- |  |                                  |
|--|----------------------------------|
| 3. Has a policy ever been cancelled by an Insurer?<br>Is 'n polis al deur n Versekeeraar gekanselleer? | Yes.... No....<br>Ja.... Nee.... |
|--|----------------------------------|

If YES, provide full details / Indien JA, verskaf volle besonderhede:

.....

YOU ARE REQUIRED TO PROVIDE A COPY OF THE EXEMPTION CERTIFICATE FOR THE COVER TO INCEPT.  
U WORD VEREIS OM 'N AFSKRIF VAN DIE VRYSTELLINGSERTIFIKAAT TE VERSKAF ALVORENS DIE DEKKING IN PLEK IS.

AnimalSure Underwriting Managers (Pty) Ltd (Reg No 2016/228347/07) is underwritten by Mutual and Federal Risk Financing Limited, Registration Number 1966/10741/06. A licensed Non-Life Insurer | Unit 4 Coral Reef, 7 Coral Road, Bloubergrant, 7441 | PO Box 11508 Bloubergrant, 7443 | T: 021 023 0486 | E: [lizette@animalsure.co.za](mailto:lizette@animalsure.co.za) | [www.animalsure.co.za](http://www.animalsure.co.za) | AnimalSure Underwriting Managers (Pty) Ltd is an authorised financial service provider FSP No. 47461 and a juristic representative to Strategic Insurance Systems (Pty) Ltd under FSP No. 1007

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Underwriting Managers



**B. DETAILS OF OWNER OF ANIMAL(S): (Person/Trustee/Director)**  
**BESONDERHEDE VAN EIENAAR VAN DIER(E): (Persoon/Trustee/Direkteur)**

1. Name of company/ trust/business:  
 Naam van maatskappy/trust/besigheid:.....
2. Position/role & Company Registration Number: (Complusory) :  
 Posisie/Hoedanigheid & Maatskappy Registrasie Nommer (Verpligtend) .....
3. Surname / Van:.....
4. Full name / Volle naam:.....
5. ID number / ID-nommer.....
6. Postal address / Posadres:.....  
 Postal Code / Poskode : .....Province / Provinsie: .....
7. VAT number / BTW nommer:.....8. Cellular/ Sellulêr:.....
9. Telephone/ Telefoonnommer: Home/ Huis : .....Work / Werk: .....
10. E-mail / E-Pos : .....
11. Does the owner have an association with or a financial interest in any other farm/organisation? Yes... No...  
 Het die eienaar 'n assosiasie of 'n finansiële belang in enige ander plaas/organisasie? Ja... Nee....

If YES, provide full details / Indien JA, verskaf volle besonderhede:.....

13. In respect of partnerships or syndicates, provide all relevant details:  
 In die geval van vennootskappe of sindikate, verskaf alle besonderhede:.....

**C. DETAILS OF PROPERTY ON WHICH ANIMAL(S) OCCUR / WILL OCCUR / BESONDERHEDE VAN EIENDOM WAAR DIE DIER(E) SAL VOORKOM:**

1. Name of trust/business/ Naam van trust/besigheid:.....
2. Physical address / Fisiese adres:.....  
 ..... Code: ..... Province: .....
3. Contact person/manager/  
 Kontakpersoon/bestuurder:.....
4. Telephone/ Telefoonnommer : Cellular/ Sellulêr:.....Home/ Huis : .....Work / Werk: .....
5. Size of property (hectares) / Grootte van eiendom (hektaar):.....

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6. Is the property adequately enclosed? Yes... No...  
 Is die eiendom voldoende omhein?.....Ja.... Nee....
7. Have there been any contagious or infectious disease on the property or in the district in the past 3 years? Yes... No...  
 Was daar enige infektiewe of aansteeklike siektes op die eiendom of in die distrik in die laaste 3 jaar? Ja .... Nee....
8. Have you lost an animal(s) due to illness, injury, disease or accident within the last 3 years? Yes... No...  
 Het u enige dier(e) verloor a.g.v. siekte, kwaal, besering of ongeluk in die laaste 3 jaar? Ja.... Nee....

**D. MANAGEMENT DETAILS / BESTUURBESONDERHEDE:**

1. What of the following have you ensured for fire prevention/ fire management? Watter van die volgende het u verseker vir brandbestryding/brandvoorkoming?  
 a. Firebreaks Yes... No...  
 a. Brandbane..... Ja.... Nee....  
 b. Water trailer/supply Yes... No...  
 b. Waterwa/voorsiening ..... Ja.... Nee....
2. Is the habitat/environment suitable for the resident animal(s)? Yes... No...  
 Is die habitat/omgewing geskik vir die inwonende dier(e)?.....Ja.... Nee....
3. What is the agricultural carrying capacity of the property? (hectares/large stock unit) Wat is die landboukundige drakrag van die eiendom? (hektaar/grootvee-eenheid).....
4. Does the property have enough natural water for the animal(s)? Yes... No...  
 Is daar voldoende natuurlike water vir die dier(e) op die eiendom? .....Ja.... Nee....
5. Please provide details on the following managerial aspects (personnel): Verskaf asseblief besonderhede ten opsigte van die volgende bestuursaspekte (personeel):
- Manager(s)? Yes... No... Qualifications? .....  
 Bestuurder(s)? Ja.... Nee.... Kwalifikasies? .....
- Other staff? Yes... No...Qualifications? .....  
 Ander personeel?. Ja.... Nee...Kwalifikasies? .....

**E. ANIMAL MANAGEMENT / DIEREBESTUUR:**

1. Which veterinarian do you use for the day to day treatment of animals on your property / Van watter veearts maak u gebruik vir die dag-tot-dag-behandeling van wild op u eiendom?
- 2.Surname / Van: .....
3. Telephone/ Telefoonnommer : Cellular/ Sellulêr:.....Home/ Huis : .....Work / Werk: .....
4. What is his/her distance from the property (km) / Hoe ver is hy/sy vanaf die eiendom? (km) .....
5. When will the animal(s) be translocated to the property / Wanneer word die dier(e) na die eiendom getranslokeer?.....
6. Is the property adequately enclosed? Yes... No...  
 Is die eiendom voldoende omhein?..... Ja.... Nee....

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8. Do you have a transport permit? Yes.... No....  
 Is u in besit van 'n vervoerpermit?..... Ja.... Nee....

9. What is the distance to be travelled for the translocation of the animal(s) (km):  
 Wat is die afstand wat afgelê moet word vir die herbevestiging van die dier(e) (km): .....

10. Please provide the details of the contractor/s employed for the capture and transportation of your animals:

- a) Name / Naam: .....
- b) Telephone/ Telefoonnommer : Cellular/ Sellulêr:..... Home/ Huis : .....Work / Werk:.....

**E1. CAPTURE AND TRANSLOCATION COVER (You are required to provide a copy of the transport permit for transit cover to incept):**  
**VANGS EN TRANSLOKASIEDEKKING (U moet 'n afskrif van die vervoerpermit lewer om transitodekking inwerking te laat tree):**

Specify each animal individually: Meld elke dier afsonderlik:	Specify age: Meld ouderdom:	Microchip / Tag No.:	Purchase price: Aankoopprys:	Sum insured: Versekerde waarde:	Capture: Vangs:	Transit: Transito:	Inception date: Aanvangsdatum:
1							
2							
3							
4							
5							

**E2. PRS / STEP OFF / BOMA COVER:**  
**PVS / STEP OFF / BOMADEKKING:**

Specify each animal individually: Meld elke dier afsonderlik:	Specify age: Meld ouderdom:	Microchip / Tag No.:	Purchase price: Aankoopprys:	Sum insured: Versekerde waarde:	*PRS cover / Step off Cover / Boma Cover (number of days eg 7,14,30)	Inception date: Aanvangsdatum:
1						
2						
3						
4						
5						

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**E3. ANNUAL / MONTHLY COVER:** ( Please provide details for each animal to be insured and period of insurance):

JAARLIKSE / MAANDELIKSE DEKKING (Voorsien besonderhede vir elke dier wat verseker moet word en periode van versekering):

Specify each animal individually: Meld elke dier afsonderlik:	Specify age: Meld ouderdom:	Microchip / Tag No.:	Purchase price: Aankoopprys:	Sum insured: Versekerde waarde:	Cover/Dekking *ARM, / LRM / ANNUAL FIRE & LIGHTNING COVER	Inception date: Aanvangsdatum:
1						
2						
3						
4						
5						

**F. DECLARATION / VERKLARING:**

I/We declare that the statements and particulars in this proposal form are true and that I/We have not mis-stated or suppressed any material facts.

I/We agree that this proposal form, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected.

Ek/Ons verklaar dat die verklarings en besonderhede in hierdie voorleggingsvorm waar is en dat ek/ons geen materiële feit verdoesel of wanvoorstel nie.

Ek/Ons kom ooreen dat hierdie voorleggingsvorm, saam met enige ander inligting deur my/ons verskaf, die basis van enige kontrak van versekering geaffekteer sal word.

Signed at:

on:

Gefeken te:..... op:.....

.....  
For and on behalf of: (Name of Business/Trust/Syndicate)

Vir en namens: (Naam van Besigheid/Trust/Sindikaat)

.....  
Signature of Director/Principal/Partner/Trustee

Handtekening van Direkteur/Prinsipaal/Vennoot/Trustee

.....  
Name of signatory (Please print)

Naam van ondertekenaar (Drukskrif asseblief)

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