 Farm Combined Proposal Form

# All covers are optional. You need only complete section for cover required.

Contact/

Broker:

Email:

Tel:

1. Policyholder details

|  |  |
| --- | --- |
| **Client Name:** |  |
| **Trading Name:** |  |
| **Full Address:** |  |
|  | **Post Code:** |  |
| **Full Business Description**(including diversification) |  |

2. Policy Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Quote Deadline:** |  | **Target Premium:** |  |
| **Holding Broker?:** | Yes / No | **Cover Start Date:** |  |
| **Current Insurer** |  |

3. About the Policyholder

**Has the proposer, director, partner or any member of your family directly connected with the business:**

Ever been convicted of a criminal offence other than motoring?

Yes

No

If **Yes**’, please provide details:

|  |  |  |
| --- | --- | --- |
| **Date** | **Name** | **Circumstances****Amount (£)** |
|  |  |  |

Ever been refused insurance cover, had special terms imposed, insurance cancelled or withdrawn?

Yes

No

If **Yes**’, please provide details:

|  |  |
| --- | --- |
| **Date** | **Circumstances****Circumstances****Amount (£)** |
|  |  |

Ever been declared bankrupt or had a company become insolvent or voluntarily gone into liquidation?

Yes

No

If **Yes**’, please provide details:

|  |  |  |
| --- | --- | --- |
| **Date** | **Company** | **Circumstances****Amount (£)** |
|  |  |  |

Ever been convicted of a breach of any health & safety legislation?

Yes

No

If **Yes**’, please provide details:

|  |  |
| --- | --- |
| **Date** | **Circumstances****Circumstances****Amount (£)** |
|  |  |

Do you own, lease, rent or use any land or property which is in connection to your business which is outside the United Kingdom, the Channel Islands and the Isle of Man?

Yes

No

Are you, any partner or director domiciled in the UK, Channel Islands or Isle of Man?

Yes

No

4. Risk Addresses / Additional Premises

# Please provide details of any additional risk address (if different from correspondence address provided)

|  |  |  |
| --- | --- | --- |
|  | **Address** | **Post Code** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

**Are the premises to be insured:**

Occupied throughout the year?

Yes

No

Maintained in a sound condition and a good state of repair?

Yes

No

Undergoing renovation work?

Yes

No

If ‘**Yes**’, please provide details:

**Are the premises to be insured free from flood, subsidence, heave or landslip?**

Yes

No

5. Farm Buildings – For all buildings other than Private Houses

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Option A:** | FLEA | **Option B:**  | FLEA & Storm/Tempest/Flood | **Option C:** | All Exc. Storm/Tempest/Flood | **Option D:** | All |
|  |  |  |
|  | **Description** | **Construction\*** | **Sum Insured (£)** | **Voluntary Excess (£)** | **Electrics Checked in last 5 years** | **Heated (by fixed or portable devices)** | **Cover Required** |
| 1 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |
| 2 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |
| 3 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |
| 4 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |
| 5 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |
| 6 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |
| 7 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |
| 8 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |
| 9 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |
| 10 |  |  |  |  | Yes / No | Yes / No | A / B / C or D |

**Perils:** Fire, Aircraft, Explosion, Lightning, Earthquake, Riot/Malicious Damage, Subterranean Fire, Fire caused by its own spontaneous combustion, Electrocution of Livestock, Impact (including own vehicle), Falling Trees, Storm, Tempest & Flood and Burst Pipes

\*Standard Construction (Built entirely of brick, stone, concrete with a roof made of incombustible materials). For Non-Standard Construction – please provide details

**Are any of the farm buildings let out?**

Yes

No

If **Yes**’, please provide details:

**Do any of the farm buildings include sandwich/composite panel construction or spray foam lining?**

Yes

No

**Are the farm buildings occupied solely by you in connection with your business?**

Yes

No

6. Farm Contents – For all buildings other than Private Houses

**Perils:** Fire, Aircraft, Explosion, Lightning, Earthquake, Riot/Malicious Damage, Subterranean Fire, Fire caused by its own spontaneous combustion, Electrocution of Livestock, Impact (including own vehicle), Falling Trees.

Simply add an ‘X’ in the appropriate cover boxes below:

|  |  |  |
| --- | --- | --- |
| **Items** | **Sum Insured (£)** | **Cover Options** |
|  |  | **Theft** | **Storm, Tempest, Flood** | **Burst Pipes** | **Reinstatement** |
| Machinery, Plant and Implements |  |  |  |  |  |
| Hay and Straw |  |  |  |  | N/A |
| Grain |  |  |  |  | N/A |
| Silage and Roots |  |  |  |  | N/A |
| All other Produce |  |  |  |  | N/A |
| Deadstock & Produce |  |  |  |  | N/A |
| Dairy Equipment |  |  |  |  |  |
| Walls, Gates, Fences and Hedges |  |  |  |  | N/A |
| All Agricultural Produce |  |  |  |  | N/A |
| Grain Drying Plant |  |  |  |  | N/A |
| Growing Timber – FLEA Only |  | N/A | N/A |  | N/A |
| Poultry – Heated |  |  |  |  | N/A |
| Poultry – Unheated |  |  |  |  | N/A |
| Poultry Appliances – Heated |  |  |  |  | N/A |
| Pigs – Unheated |  |  |  |  | N/A |
| Pigs – Heated |  |  |  |  | N/A |
| Portable Hand / Power Tools |  |  |  |  |  |
| Livestock |  |  |  |  | N/A |
| Livestock (including MYDS) |  |  |  |  | N/A |
| **Other** (please specify) |
|  |  |  |  |  |  |

**Is Livestock grazed on moorland, unfenced or common land?**

Yes

No

If **Yes**’, please provide details:

7. Fatal Injury to Livestock – By violent, external, accidental or visible means

Simply add an ‘X’ in the appropriate cover boxes below:

|  |  |  |
| --- | --- | --- |
| **Item** | **Sum Insured (£)** | **Cover Options** |
|  |  | **Transit Only** | **Straying & Transit**(Excluding Own Premises) | **Straying & Transit**(Including Own Premises) |
| Cattle |  |  |  |  |
| Sheep |  |  |  |  |
| Pigs |  |  |  |  |
| Horses |  |  |  |  |
| Poultry |  |  | N/A | N/A |
| Sheepdogs (over £2000) |  |  |  |  |
| **Other** (please specify) |
|  |  |  |  |  |

8. Livestock Worrying

Sum Insured should represent total value of owned livestock

|  |  |  |
| --- | --- | --- |
| **Item****Sum Insured (£)** | **Sum Insured (£)** | **Panic & Suffocation Cover** |
| Cattle |  | Yes / No |
| Sheep |  | Yes / No |
| Poultry |  | Yes / No |
| **Other** (please specify) |
|  |  | Yes / No |

9. Business Money

|  |  |
| --- | --- |
|  | **Sum Insured (£)** |
| Annual Carrying |  |
| Cash in Safe overnight (if over £1,000 please provide safe details below\*) |  |
| Cattle Passports |  |
| Any Other Loss Limit |  |

\*Please provide additional safe details (if required)

 **Do you require Personal Accident / Assault cover?**

Yes

No

10. Goods in Transit – Excluding livestock and solely in respect of your **own** agricultural produce carried by your **own** vehicle

|  |  |  |  |
| --- | --- | --- | --- |
| **Maximum Load Limit** | £ | **Number of Vehicles** |  |
| **Type of Goods** |  |

11. Business Interruption – Revenue including Increased Cost of Working

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Select Indemnity Period****(Please choose one option)** | 12 months |  | 24 months: |  | 36 months |  |
| **Item** | **Annual Revenue (£)** | **Theft**(Including Mysterious Disappearance) | **Storm, Tempest, Flood** | **Burst Pipes** | **Fatal Injury** | **Fatal Injury including own premises** |
| Pigs - Heated |  |  |  |  |  |  |
| Pigs - Unheated |  |  |  |  |  |  |
| Poultry - Heated |  |  |  |  |  |  |
| Poultry - Unheated |  |  |  |  |  |  |
| Sheep |  |  |  |  |  |  |
| Cows – Beef |  |  |  |  |  |  |
| Cows – Dairy |  |  |  |  |  |  |
| Arable – Cereal |  |  |  |  |  |  |
| Arable - Other |  |  |  |  |  |  |
| Equine |  |  |  |  |  |  |
| **Other** (please specify) |
|  |  |  |  |  |  |  |

**Standard Perils:** Fire, Aircraft, Explosion, Lightning, Earthquake, Riot/Malicious Damage, Subterranean Fire, Fire caused by its own spontaneous combustion, Electrocution of Livestock, Impact (inc own vehicle but excluding growing crops and livestock)

Simply add an ‘X’ in the appropriate cover boxes below:

12. Business Interruption – Increased Cost of Working **only /** 12 months Indemnity Limit

**Standard Perils:** Fire, Aircraft, Explosion, Lightning, Earthquake, Riot/Malicious Damage, Subterranean Fire, Fire caused by its own spontaneous combustion, Electrocution of Livestock, Impact (inc own vehicle but excluding growing crops and livestock)

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Cost of Working** | £ | **Rent Receivable** | £ |

13. Employers Liability – £10m Limit of Indemnity

|  |  |  |  |
| --- | --- | --- | --- |
| **ERN Number(s)** |  |  |  |
|  |  | **ERN Exempt** | Yes / No |
|  |  |  |  |
| **Occupation** | **Annual Wage Roll (£)** |
| Farm/Estate Workers |  |
| Clerical/Domestic |  |
| Agricultural Contracting |  |
| Grooms/Market Gardeners/Nurserymen |  |
| Casual Workers |  |
| **Other** (please specify) |  |
|  |  |

14. Agricultural Wages Board Cover – only available in conjunction with Employers Liability

**Would you like to add Agricultural Wages Board Cover?**

Yes

No

15. Public Liability

Simply add an ‘X’ in the appropriate cover boxes below

|  |  |  |  |
| --- | --- | --- | --- |
| **Acreage** |  | **Total Annual Farm Turnover (£)** |  |
|  |  |
| **Select Indemnity Limit** | £1m | £2m | £5m | £10m |
|  |  |  |  |  |
| **Diversification** | **Turnover** | **Indemnity Limit** |
|  |  | **£1m** | **£2m** | **£5m** | **£10m** |
| Agricultural Contracting |  |  |  |  | N/A |
| Rent Receivable |  |  |  |  | N/A |
| Livery DIY / Full No. of Horses |  |  |  |  | N/A |
| Farm Shop |  |  |  |  | N/A |
| **Other** (please specify) |
|  |  |  |  |  | N/A |

**Does any part of the land contain a quarry, reservoir, dam, waste disposal facility or mine?**

Yes

No

If **Yes**’, please provide details:

**Do you:**

Manufacture mix/feed stuffs for sale?

Yes

No

Undertake production of any genetically modified crop or grain?

Yes

No

Undertake any work away from the premises?

Yes

No

If **Yes**’, please provide details:

16. Environmental Impairment Liability – Add On

**Would you like to add EIL Cover?**

Yes

No

Simply add an ‘X’ in the appropriate cover boxes below

|  |  |  |
| --- | --- | --- |
| **Select Indemnity Limit** | £1m£2m | £2m£10m |
|  |  |  |

**Have you ever been prosecuted or are currently being prosecuted for any offence under Environmental Laws?**

Yes

No

**Has there been any reportable release of pollutants connected with your business, in the last 5 years?**

Yes

No

If **Yes**’, please provide details:

17. Terrorism Cover

**Would you like to add Terrorism Cover?**

Yes

No

18. Personal Accident – excludes pre-existing medical conditions

Simply add an ‘X’ in the appropriate cover boxes below

|  |  |  |  |
| --- | --- | --- | --- |
| £1m | **Person 1** | **Person 2** | **Person 3** |
| Name of Insured |  |  |  |
| D.O.B. |  |  |  |
| Occupation |  |  |  |
| **Cover Options** | **Per Unit** | **Number of Units** |
| Death | £10,000 |  |  |  |
| Permanent Disability | £10,000 |  |  |  |
| Loss of Digits | Max. of 1 unit per person |  |  |  |
| Accident & Sickness | £50 per week |  |  |  |
| Accident Only | £50 per week |  |  |  |

**Do you or any insured person:**

Work at a depth of more than 3 metres?

Yes

No

Yes

No

Work at heights above 20 feet?

Yes

No

Work with hazardous chemicals?

Yes

No

Participate in any hazardous sports/leisure pursuits?

Yes

No

**Have you or any insured person:**

Ever had an accident in the course of your duties?

Yes

No

Yes

No

Consulted a doctor or received medical attention in the last 5 years?

Yes

No

Suffered from back pain, disc lesion, hernia or any other physical defect or impairment?

Yes

No

Suffered from tuberculosis, cancer or any chest, lung, heart or respiratory disease, disease affecting the kidney, liver or

digestive system, asthma, urinary trouble, varicose veins or rupture?

Yes

No

Suffer or have suffered from defective sight or hearing, infection of the eyes or ear complaint?

Yes

No

Suffer or have suffered from any dizziness, blackouts, fits or temporary loss of vision?

Yes

No

19. Uncollected Milk

Simply add an ‘X’ in the appropriate cover boxes below

|  |  |
| --- | --- |
| Max. number of animals at milk at any one time |  |
| Number of days compensation required | **7 days** | **15 days** | **30 days** |
|  |  |  |
| Amount of compensation – per day/per cow | **£5** | **£7.50** |
|  |  |

Yes

No

 **Do you require cover for Contamination of own milk?**

20. Frozen Bovine Semen / Liquid Flasks / Nitrogen

|  |  |
| --- | --- |
| Total value of flasks, nitrogen and semen | £ |

21. Accidental Damage to Oil, Fertiliser Tanks and Contents

|  |  |
| --- | --- |
| Total value of fertiliser and fuel | £ |

22. Office Contents

|  |  |
| --- | --- |
| General office contents | £ |
| **Other** (please specify) |
|  | £ |

23. Legal Expenses– Add On

**Would you like to add Legal Expenses Cover?**

Yes

No

24. Private Houses – Buildings

**Standard Perils:** Fire, Aircraft, Explosion, Lightning, Earthquake, Riot/Malicious Damage, Subterranean Fire, Fire caused by its own spontaneous combustion, Electrocution of Livestock, Impact (inc own vehicle but excluding growing crops and livestock), Storm, Tempest & Flood and Burst Pipes

Simply add an ‘X’ in the appropriate cover boxes below

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Occupied** | **Let** | **Other** |  |  | **Accidental****Damage** |
| **Ref** | **Address** | **Postcode** | **Construction** | **Approx.****Year****Built** | **Sum Insured (£)** | **Insured** | **Family** | **Long****Term** | **Holiday** | **No. of Rentable Units** | **Unoccupied** | **Standard** | **FLEA** |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

25. Private Houses – Contents

**Standard Perils:** Fire, Aircraft, Explosion, Lightning, Earthquake, Riot/Malicious Damage, Subterranean Fire, Fire caused by its own spontaneous combustion, Electrocution of Livestock, Impact (inc own vehicle but excluding growing crops and livestock), Storm, Tempest & Flood and Burst Pipes

Simply add an ‘X’ in the appropriate cover boxes below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ref** / **Address** | **Post Code** | **Sum Insured (£)** | **Standard** | **FLEA** | **Accidental Damage** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Does the property have an intruder alarm?**

Yes

No

**Does the property have 5 lever mortice deadlocks on all external doors, and key operated window locks on all accessible windows?**

Yes

No

If ‘**No**’, please provide details of external doors and window locks installed:

26. Valuables & Personal Effects

|  |  |
| --- | --- |
|  | **Cover** |
| **Ref** / **Address** | **Post Code** | **Unspecified Items** | **Riding Tack (£)**(Sum Insured – personal use only) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Specified Items** | **Cover** |
| **Ref** / **Address** | **Post Code** | **Details** | **Value (£)** |
|  |  |  |  |
|  |  |  |  |

27. Personal Money & Credit Cards

|  |  |  |
| --- | --- | --- |
| **Ref** / **Address** | **Post Code** | **Amount (£)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

28. Personal Freezer Contents

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** / **Address** | **Post Code** | **Age** | **Sum Insured (£)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

29. Pedal Cycles

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Sum Insured (max. £750 per cycle)** | £ | **No. of Cycles** |  |

30. Trailer Caravan

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** |  | **Model** |  |
| **Age** |  | **Sum Insured (£)** |  |

31. Claims

**Have you suffered a loss claim or incident (which may give rise to a claim) in respect of any of the selected covers whether insured or not in the last 5 years?**

Yes

No

If **Yes**’, please provide details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Incident** | **Type of Claim** | **Circumstances** | **Total Cost (£)** | **Open or Closed** |
|  |  |  |  | Open / Closed |
|  |  |  |  | Open / Closed |
|  |  |  |  | Open / Closed |
|  |  |  |  | Open / Closed |
|  |  |  |  | Open / Closed |
|  |  |  |  | Open / Closed |
|  |  |  |  | Open / Closed |

**Have you ever had an insurance claim turned down in the past 5 years?**

Yes

No

If **Yes**’, please provide details:

32. Additional Information

Please provide details of irregular events held on your land (e.g. fete, car boot sales, wedding etc)

|  |  |  |
| --- | --- | --- |
| **Type of Event** | **Frequency** | **No. of Attendees****Amount (£)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Additional information

Please email your completed submission form to newbusiness@ruralinsurance.co.uk and one of our underwriters will be in touch to discuss your quote.