



Large Marine Mammal Mortality Application

Applicant's Name: _____

Phone Number: _____

Address: _____

Fax Number: _____

City: _____ County: _____

Post Code: _____

Email Address: _____

Loss Payee(s) Name: _____

Address: _____

Type of Coverage Requested

All Risks and Mortality Restricted Perils Transit Other (please specify) _____

Deductible Requested Per Occurrence _____

Please also complete the inventory schedule on the final page.

1. In the event of an emergency or potential catastrophe, do you have any contingency plans in place to either avoid the losses or minimise them? Please provide details of these plans: _____

2. Please state the full name and address of your Veterinary surgeon and his/her distance from the facility where animals are housed.

3. Are the animals now insured or have they been insured previously by you or your agent? Yes No

Please give full details of the current insurer and agent. _____

4. a). When did this facility open? _____

b). Please give full details of how many animals of like category you have lost since the facility opened. Please split the statistics annually, stating the cause of loss, date of loss, and if they were insurance claims. _____

5. Have the number of animals at the facility(s) increased / decreased over the past 3 years? If yes, please give full details.



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6. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?

7. Have any of the animals displayed aggression and/or antisocial behavior towards handlers and/or other animals in the past 3 years?

If yes, please provide details: _____

8. Are the animals involved in any shows and/or displays? Do these involve interaction with other animals?

If yes, please provide details: _____

9. a). Are there any signs of any broken/missing teeth? Please provide details. _____

b). Has the animal ever had a pulpotomy? Please provide details. _____

c). Please provide details of Dental care regime: _____

10. Have any animals suffered from Pneumonia in the last 3 years? Please provide details.

11. a). Do any animals receive routine medication? Please specify: _____

b). Are prophylactic medications and/or antibiotics administered routinely? Please provide details. _____

c). Has any animal suffered with/currently have stomach ulcers? Please provide details. _____

12. Do any animals display dorsal collapse? Please provide details. _____



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13. a). Is the animal(s) a "surface rester"? Please provide details. _____

b). Is this behaviour displayed more often than that observed in an average captive marine mammal? Please provide details.

14. Are there any procedures in place to protect against the sun and associated sunburn and cataracts/eye problems?

Please provide details: _____

15. Please provide details of feeding regimes. _____

16. Is there any history of vitamin deficiency in the animals proposed for insurance? Please provide details. _____

16. Please provide details of how long animals have been in captivity. Please include all additional periods of captivity outside of being housed at the current facility. Please state animal name/registration number and length of time. _____

Please provide us with a copy of any animal "profile" documents which are given to trainers and/or handlers.

Please provide us with a full veterinary history for all animals to be insured and listed in the schedule on page 5.



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Please read statements 'a' to 'p'. Your signature at the bottom of this document constitutes your agreement of statements 'a' to 'p'.

- a) There are no leases or mortgages on any of the animals.
- b) The animals are in sound health and free from disease, sickness and illness.
- c) None of the animals have had birthing difficulties.
- d) Other than routine care, none of the animals are receiving regular treatment or medication.
- e) I agree that your Veterinary surgeon may contact my Veterinary surgeon for further details/discussions at any point.
- f) There is no flood risk to the animals.
- g) There are adequate provisions for emergency animal evacuation in the event of a fire.
- h) All outside gates are padlocked.
- i) Security lights are present and in use at the facility(s).
- j) The facility(s) is/are profitable.
- k) The facility(s) is/are permanently staffed.
- l) The facility(s) is/are maintained in good condition.
- m) The animals are observed and cared for daily.
- n) To your knowledge, there are no contagious or infectious diseases currently in the neighborhood.
- o) None of the animals have recently been imported into the area.
- p) The proposed insured:
 - 1. Has never been declined or refused renewal of their livestock insurance.
 - 2. Has no other stock of like category which is not proposed for insurance.
 - 3. Has never been convicted of an offense involving dishonesty, fraud, violence, criminal damage, arson, drugs, or has a prosecution pending against them.

I declare that the statements 'a' to 'p' are correct with the exception of those listed below (please give full details).

DECLARATION:

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact, you should consult your Agent). I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of Owner: _____ Date: _____

