



Zoo Mortality Application - CAZA

Type of Coverage Requested

Full Mortality & Theft Specified Perils only Transit Other (please specify) _____

Applicant's Name: _____

Phone Number: _____

Address: _____

Fax Number: _____

City: _____ County: _____

Post Code: _____

Loss Payee(s) Name: _____

Address: _____

Schedule of Animals

Animal Name & Registration #	Breed	Sex	Date of Birth	Exact Use	Purchase Date & Amount	Insurance Amount
1 _____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____	_____	_____
9 _____	_____	_____	_____	_____	_____	_____
10 _____	_____	_____	_____	_____	_____	_____

If you need to add additional animals to the schedule, please use the attached schedule extension 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 minimize 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. _____

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. Please give full details of how many animals of like category you have lost during the last 3 years. Split the statistics annually, stating the cause of loss, date of loss, and if they were insurance claims. _____



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

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

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 animals are observed and cared for daily.
m) To your knowledge, there are no contagious or infectious diseases currently in the neighborhood.
n) None of the animals have recently been imported into the area.
o) 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.
p) The Zoo is CAZA accredited.

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: _____

