



# Transit Quote Application Form

Completion of this form will provide us with the information necessary to offer a timely quotation.

Owner(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post Code: \_\_\_\_\_

Please give details of previous experience of transits over the past five (5) years: \_\_\_\_\_

Please give details of any previous losses, insured or uninsured, over the past five (5) years: \_\_\_\_\_

Please give details of Animals to be shipped:

<u>Numbers</u>	<u>Breed</u>	<u>Sex</u>	<u>Ages</u>	<u>Values</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any Females Pregnant?  Yes  No If so, give number of months pregnant: MAX \_\_\_\_\_ MIN: \_\_\_\_\_

Is Abortion Cover required? (usually 25% value of Dam)  Yes  No \_\_\_\_\_

Give details of Carriers: \_\_\_\_\_

Will shipment be by  Air  Sea  Truck  Train

Specify if more than one involved: \_\_\_\_\_

Give details of conveyance, i.e. type of Aircraft, name of Vessel, etc., together with any special facilities for livestock: \_\_\_\_\_

How will animals be transferred? i.e. Loose/Crated, etc. \_\_\_\_\_

Will Feed/Watering facilities be available on board?  Yes  No

Will stock be accompanied?  Yes  No If so, give details: \_\_\_\_\_

Please advise route to be used giving all details including Layovers, etc.: \_\_\_\_\_

**Please attach your route plan.**

Proposed Date of Shipment: \_\_\_\_\_

Cover required from: \_\_\_\_\_ To: \_\_\_\_\_ (Dates)

Cover required from: \_\_\_\_\_ To \_\_\_\_\_ (Places)

If cover is required from Farm or Stable of Origin or to Final Destination, give distances involved from Port, Airport, etc.: \_\_\_\_\_

Please give anticipated duration of transit: \_\_\_\_\_ Not exceeding: \_\_\_\_\_ days.

Is any time after arrival required?  Yes  No If yes, please give details: \_\_\_\_\_

**DECLARATION:** The above named animals are owned by me and 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. (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 or his/her Agent: \_\_\_\_\_ Date: \_\_\_\_\_