

PROPOSAL FORM FOR LIVESTOCK INSURANCE

The animals are not covered until premium is paid and risk is accepted.

PARTICULARS OF PROPOSER

1. Name of Proposer (in full) _____

2. Postal Address _____

Mobile/Tel No: _____ ID number _____

Email: _____ KRA PIN NUMBER _____

3. Exact location of the farm _____

4. Type of animal housing e.g. timber, concrete, iron etc _____

5. Number of years in livestock farming _____

6. Animal Type _____

PARTICULARS OF ANIMAL/S TO BE INSURED

7. Give the particulars in full of each of the animals proposed for Insurance

Age Bracket	Number	Value per Animal (Kshs)	Total Value of Animal (Kshs.)	Breed/Species	Rearing Method e.g. Zero Grazing, Paddock, Cage, Free range etc	Purpose of Livestock e.g. milk, meat, breeding	Average Production per animal (Kgs, Liters) Kgs/Animal
			(1 x 2)				
Totals							

Administration cost

NAME	AMOUNT
KLIFT	150
KVA	100

8. Are Veterinary Services Available?

a) Whether own Veterinary Services available or dependent on Government Services.
Give details of your veterinary doctor _____

b) Frequency of Veterinary Check-up animals gets as part of routine Veterinary Attention.
Veterinarians' last certificate or report may be attached. _____

c) Give details of vaccinations carried out _____

9. Is/are the animals in the shed/farm sound and healthy and free from disability or disease? If not, give full particulars of the defects and ailments.

a). Has any of the animal/s proposed for insurance been disabled through injury/ies during the past 12 months? If so, give particulars and state whether a Veterinary Surgeon was in attendance.

b). Is there any contagious disease or has there been any sickness in the last 12 months on the farm or premises or in the neighborhood of 5 km. radius. If so, give details of the disease/illness.

10. How many other types of animals do you own? If any animals are not proposed for insurance give reasons.

11. What is the mode of branding/marking the animal for the purpose of identification?
E.g. eartags, tattoo etc.

12. Have you lost any animal/s during the last three years? If so, give details.

Year	2016	2015	2014
Number of animals lost			
Cause of Loss			

Declaration

I/we hereby propose to insure the animal/s described in the schedule owned by me/us with CIC General Insurance Limited subject to the terms conditions and exclusions of the Company's policy. I/We warrant that the answers to the above questions are true and that all the animals are correctly described, sound, in good health and free from disability or disease and that they are and shall be used solely for the purpose stated above. I/we declare that no information material to the Insurance has been withheld and agree that this proposal shall be the basis of the contract between me/us and the Company.

Signature

Date

MODE OF PAYMENT (Tick One):

1. CASH
2. CHECK OFF



KENYA LIVESTOCK FINANCE TRUST
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KLIFT -- Physical Address
K-LIFT Offices are Located at
Veterinary Laboratories Kabete
Off Nairobi-Nakuru Highway...

