Britam Microinsurance Company (K) Ltd
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BRITAM LIVESTOCK INSURANCE PROPOSAL FORM

SECTION 1: PARTICULARS OF PROPOSER

For Individual Customer

1. Full Name of Proposer (as per ID) _____

2. ID No: _____ KRA PIN No: _____

Email: _____ Mobile/Tel No: _____

Gender _____ Nationality _____

For Legal Entity or Corporate customer

Registered Name: _____ Registration No. _____

Income Tax No. (PIN) _____ Country of Incorporation _____

3. Address _____

SECTION 2: ABOUT THE FARM

1. Exact location of the farm _____

2. Number of years in livestock farming _____

3. Do you have a farm manager? _____

	Name	Qualification	Special training	No. of years farm
Farm manager				
Deputy Farm manager				

4. Insurance History

   i. Were your animals previously insured? _____ Or are they currently insured? _____

   Please provide name of the insurer and the expiry date of the cover _____

   _____

   ii. Has any insurance company in respect to livestock insurance proposal. _____

	Yes	No
a. Declined to insure you?	☐	☐
b. Cancelled your policy?	☐	☐
c. Refused to renew your policy?	☐	☐
d. Imposed special terms?	☐	☐
e. Declined any claim?	☐	☐

If yes to any of above, please give details

_____

Britam Connect

SECTION 3: ABOUT THE LIVESTOCK

1. Animal type _____
2. Use of the animal(s) – (breeding, milk, meat, eggs _____
3. Total number of the animals in the farm? _____
4. At what age do the animals leave the farm (for slaughter, sale, end of use) _____
5. Rearing method. (stabling, open stabling, paddocking, pastoral) _____

SECTION 4: ANIMAL HEALTH

1. When was deworming done on the animal(s) last _____
2. List vaccination administered to the animal the past 12 months _____

_____

3. Give details of veterinary services available _____

_____

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

Year	20__	20__	20__
Number of animals lost			
Cause of Loss			

Proposed period of insurance. From _____ To _____

SECTION 5: DATA PROTECTION

Britam General Insurance (Kenya) Limited respects your privacy and is committed to protecting your personal information and medical data in accordance with Data Protection law and other relevant laws. Personal data may be given to Britam affiliated companies, third party service providers such as hospitals and / or medical providers with relation to setting up, administering your medical policy and claim services provided by us to you. You have a right to access the personal data that is held about you. You also have the right to amend or delete any information we hold about you if you believe that it is inaccurate or out of date.

Marketing Consent

Britam may wish to contact you by mail, email, telephone or other appropriate means about carefully selected products, services or offers that may be of interest to you.

I consent to being contacted in this way, for this purpose ☐ Yes ☐ No

I understand that where I have provided consent, I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

SECTION 6: HEALTH AND GENERAL DECLARATION

We declare that the particulars, information and documents provided herewith are true and accurate to the best of our knowledge. We agree that this declaration shall form the basis of the insurance contract. We further agree to abide by the policy terms, exceptions, conditions and any endorsements and amendments thereon and that we have not withheld any material information.

We also declare and confirm that we shall at all times provide schedule of members who to the best of our knowledge are of good health and shall not at any time expose the insurers to an obvious risk.

Name: _____ **Designation:** _____ **Signature:** _____

Date: d d / m m / y y y y