

Farm Protection Insurance

Proposal form

General details

Personal details

Name of proposer in full

Trading name

Agent name

Agent number

Date of birth

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Policy no.

Tel. no.

Postal address

Town

County

Postcode

E-mail address

Address of property to be insured (if different from postal address)

Town

County

Postcode

Period of insurance:

From

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To

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Renewal date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business or occupation

(If more than one, state all) – Please clarify exact type of farming carried out on the premises. **If more than one please provide a percentage split on activities eg. Beef, Dairy, Tillage, Market Gardening or other).**

Total land area (Please state hectares or acres)

General questions

Do you now hold a Farm Insurance Policy? Yes No

Have you previously held a Farm Insurance Policy? Yes No

To the best of your knowledge and belief have you or any other persons material to this risk:

(a) Been convicted of any offence of any nature or is any prosecution pending? Yes No

(b) Been refused any insurance, renewal or had any special terms or conditions imposed by any insurer? Yes No

(c) Been involved in any accident or loss or have any claims been made against you or them in the last five years? Yes No

(d) Suffered with defective vision or hearing, or suffering at any time from diabetes, fits, any heart complaint, any other disease or physical infirmity? Yes No

(e) Involved in poultry rearing or cattle dealing on a commercial basis? Yes No

(f) Hold livestock auctions on your farm? Yes No

(g) Take in paying visitors? If 'Yes', please state the maximum number applicable at any one time, and whether this activity is carried out on a seasonal basis only or all year round? Yes No

(h) Are there any unoccupied buildings on your property? Yes No

If 'Yes', please provide details:

(i) Engage in other agri-linked activities? Yes No

Please answer 'Yes' or 'No' to the following questions:

(j) Is any other party (eg. building society or bank) interested in the property proposed for insurance? Yes No

If 'Yes', please give details:

(k) Is your machinery properly guarded and otherwise in good condition working order and under a service contract? Yes No

(l) Are all fields abutting the public road and neighbouring farms properly fenced and warning signs erected? Yes No

(m) Have you completed the Farm Safety Code of Practice Risk Assessment Document, under the Safety, Health and Welfare Act of 2005? Yes No

If 'No', please confirm when this risk assessment will be completed or confirm if you are exempt?

(n) Have you identified and assessed all risks of injury on the farm? Yes No

(o) Have you specified in your safety statement how these risks are to be controlled? Yes No

(p) If requested, can you produce a copy of this statement for insurers? Yes No

(q) Have you any other insurance with Zurich Insurance Company? Yes No

Are you a member of either of the following organisations:

(Please answer 'Yes' or 'No'). ICA Yes No

ICBF Yes No

IFA Yes No

1 Farm commercial section

1(a). General farm property

Is cover required on any of the following under this section?

Yes No

	Please specify sum insured
Roots and potatoes not stored in buildings.	
Silage in open or in detached buildings or in towers of incombustible construction and used for no other purpose.	
Agricultural produce and farming stock , including hay straw and growing crops but excluding livestock and the aforementioned NB. Agricultural produce within 20 metres of a chimney in use – unless in buildings which are completely enclosed – is not covered.	
Poultry rearing houses.	
Poultry.	
Farm implements and machinery your property or for which you are responsible excluding power driven vehicles, implements and their accessories if and so far as they are otherwise insured.	
Additional agricultural items as described below:	
A	
B	
C	
D	

Buildings of all farm outbuildings – constructed of brick, stone, concrete, slates, tiles, metal or slabs composed entirely of incombustible mineral ingredients – please detail below:

Description and use	Construction type	Roofed with	Year built	Value
A				
B				
C				
D				
Total				

Farm commercial section (continued)

Storm damage

Do you require Storm Damage Cover on your commercial property or farm outbuildings?

If you require specific Storm Damage Cover on commercial outbuildings that are **not** of standard construction, please detail below.

NB. Give details below of any outbuildings of construction other than that outlined above or of any buildings for which separate insurance is required. Insert sums insured in respect of such outbuildings or 'Nil' if cover is to be excluded.

Description and use	Construction type	Roofed with	Year built	Declared value
A				€
B				€
C				€
D				€
Total				€

Please provide a diagram of your premises and outbuildings, providing building reference A) to D) as detailed above:

Farm commercial section (continued)

1(b). Livestock

Basic cover applicable:

A – Loss of or injury to livestock as a result of Fire Lightning Explosion Aircraft and Earthquake. (Items 1, 1.1, 1.2, 1.3 and 1.4 in policy document.)

Additional cover options – fatal injury to livestock:

- B – Caused by Electrocutation or Flood (Items 2 and 3 in policy document.)
- C – As a result of accidental violent and visible means whilst the animals are straying from your farm premises or being driven or led on foot on any public thoroughfare. Also accidental injury or death to livestock as a result of collapse of slatted units. (Items 4 and 5 in policy document.)
- D – As a result of accidental violent and visible means whilst in transit on any public thoroughfare in suitable vehicles including loading and unloading and attendance at any sale or show on land within the Republic of Ireland or Northern Ireland. (Item 6 in policy document.)
- E – Resulting directly from Dog Attack or Worrying by Dogs (Sheep only). (Item 10 in policy document.)

Please specify sums insured and other details for each category of livestock to be insured. Basic cover A is mandatory for each category insured, you should therefore indicate additional covers chosen by inputting B, C, or D or E as required in Additional Cover Options column. Note cover D only permitted when all other additional cover options A, B, and C are also chosen.

Category	Number of animals	Maximum value of any one animal	Total sum insured	Additional cover
Dairy				
Sheep				
Pigs				
Horses				
Beef				
Poultry				
Pedigree bulls				
Other				

Additional cover required for:

- F – Mortality. (Item 7 in policy document.)
 - G – Tuberculosis and/or Brucellosis. (Item 8 in policy document.)
 - H – Impotence of Bulls and/or Rams. (Item 9 in policy document.)
- Sheep Worrying (if 'Yes', please state sums insured). (Item 10 in policy document.)

Please enter sum assured

Has there been any recent occurrence of sheep worrying in your area? Yes No

If 'Yes', please provide details:

Farm commercial section (continued)

1(c). Bulk milk storage

Please note Cover 2 can only be chosen in conjunction with Cover 1.

Cover 1. – Accidental damage to storage installation.

Please complete the following details:

Manufacturer	Capacity in gallons	Age	Maintenance contract in force (Y/N)*	Sum insured
A				
B				
C				
D				

*NB. Maintenance Contract must be in force and provide for a minimum of twice yearly inspections.

NB. Breakdown Insurance is not available under this section unless you have a contract in force to maintain and adjust the machinery associated with the tank, with a firm of competent engineers.

Cover 2. – Deterioration of milk contained in above installation(s).

Please complete following details:

Maximum value of milk stored at any one time €

How often is your milk collected?

Please provide details of collection company:

2 Business interruption

Is cover required?

Yes No

Cover option 1. (Please indicate 'Yes', if this cover is required)

Cover: Loss of Gross Income and Increase in Cost of Working in the event of the farming activity being interrupted as a result of a claim insured under Section 2 (Farm Property).

Yes No

Sum Insured (ie. Gross Income).

Please define Gross Income on Dairy Farming.

Or

Cover option 2. (Please indicate 'Yes', if this cover is required)

Cover: Additional Expenditure in consequence of a claim insured under Section 2, which is necessary to maintain the farming activity on the pre-loss scale.

Yes No

Sum Insured (ie. Additional Expenditure)

Please define split between Additional Expenditure on Arable and Stock Farming.

Period for which indemnity is required?
(Months following date of loss/damage.)

Note: – If longer than 12 months then sums insured should be adequate to cater for the period selected.

3 Employers liability

All persons employed (Excluding family and household members).

Name, DOB and job description	Wages including PRSI	Board and lodgings and all other allowances	Total
Full time employees			
Part time employees			

Family and household members

Name	Wages including PRSI	Date of Birth

Do you use voluntary helpers?

Yes

No

If 'Yes', please advise us of the numbers used:

Please state total wages etc. paid to employees engaged in agricultural contract work.

NB. Agricultural Contractors as a trade are not acceptable.

Do any of your employees:

a. Work in a sandpit or quarry?

Yes

No

If 'Yes', please clarify:

b. Use circular saws or other machinery driven by mechanical power (other than agricultural vehicles)?

Yes

No

If 'Yes', please clarify:

c. Is all machinery fully guarded and otherwise in good working order, and is it all maintained under a service contract?

Yes

No

If 'No', please clarify:

4 Public liability

Is cover required?

Yes

No

What limit of indemnity?

2.6M

6.5M

a. Total acreage requiring cover.

b. Total number of horses/ponies if any and purposes for which they are kept.

Total number

Purpose

c. Total gross profit based on:

Arable and Stock Farming.

Dairy Farming.

5 Products liability

Is cover required?

Yes

No

What limit of indemnity?

2.6M

6.5M

6 Agricultural and Special Types Vehicle section

Please specify if you require comprehensive cover, third party, fire and theft or third party only cover.

Details of vehicle

Vehicle	Year	CC/Tonnage	Value of vehicle	Cover required	Reg/Serial No

Do you require cover on any trailers?

Yes No

Please detail make, model number, serial number and value of each trailer requiring cover and specify if you require comprehensive cover, third party, fire and theft or third party only cover.

Make of trailer	Model no.	Serial no.	Value	Cover required

Drivers

Driver name	DOB	Occupation	Penalty points or convictions	Type of licence held Full/Provisional	Date licence obtained

Agricultural and Special Types Vehicle section (continued)

Has the insured or any driver had any:

Accidents? Yes No

If 'Yes', please give details:

Claims? Yes No

If 'Yes', please give details:

Convictions? Yes No

If 'Yes', please give details:

Or suffers from any medical conditions that require notification to the licensing authority? Yes No

If 'Yes', has such condition been disclosed to the licensing authority? Yes No

Risk assessment questions

Will any of the vehicles be used for anything other than Agricultural Purposes? Yes No

Do you ever have cause to carry Hazardous Goods? Yes No

Will any of the vehicles be used outside of the Republic of Ireland? Yes No

Has a statutory Safety Frame been fitted to all vehicles? Yes No

Is any vehicle, implement or Trailer to be used at any time for any of the following:

(a) Hire and reward. Yes No

(b) Tree felling. Yes No

(c) Haulage of trees on the road. Yes No

Please indicate the level of turnover of driving staff in the last 12 months

Do you ever use temporary, part time or agency staff? Yes No

Do you take a copy of their licence to ensure that they have no accidents, claims or convictions? Yes No

If 'Yes', to any of the above questions, please provide details:

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Claims experience (5 years)

Motor claims experience

Claim type	Date of Loss	Date of settlement	Settlement amount	Outstanding reserve

7 Farm Personal Accident

Name of person to be insured	Duties (describe in full)	Date of birth	No. of units

Sports extension

Yes No

If 'Yes', provide the names of the persons covered by this extension:

8 Farm home section

Main house

1. Finance

If your buildings have an interested party (Building Society, Bank etc.) please state their name and address:

Name	
Address	
Town	
County	Postcode

2. Construction

Type of property

Detached Semi Detached Terraced Bungalow

Property details

Number of bedrooms Number of storeys Year built

Is the dwelling built of brick, stone or concrete and roofed with slates, tiles or concrete? Yes No

If any part of the dwelling is roofed with mineral felt on timber, please state:

(a) Percentage in relation to the total roof area %

(b) Approximate age in years

Is the premises in good repair? Yes No

Farm home section (continued)

If the answer to any of the above is 'No', please provide details:

3. Occupancy

Is the dwelling your permanent residence and occupied solely by you and members of your family?

Yes No

If 'No', please provide details:

Is any part of the premises used for business or professional purposes?

Yes No

Is any part of the premises let or sublet? If 'Yes', how many tenants?

Yes No

Do you provide accommodation for paying guests? If 'Yes', how many?

Yes No

Is the dwelling left unoccupied regularly during the day or night?

Yes No

Is the dwelling left unoccupied for more than 30 consecutive days in any one period of insurance?

Yes No

Is the premises particularly exposed to damage by Storm, Flooding, Subsidence or Groundheave?

Yes No

If the answer to any of the above is 'Yes', please provide details:

4. Security

Are all external doors fitted with a five lever mortise deadlock and/or a deadlocking night latch?

Yes No

Are sliding patio doors fitted with a key-operated security lock?

Yes No

Are all accessible windows fitted with a key-operated security lock or other effective locking mechanism?

Yes No

Is the dwelling fitted with two or more Smoke Detectors?

Yes No

Is an intruder alarm installed? If 'Yes', please state manufacturer's name.

Yes No

Does it conform to EN50131 or IS199 Standard and protect all external doors and accessible windows?

Yes No

Is the alarm maintained in efficient working order?

Yes No

Is the alarm connected to a central monitoring station?

Yes No

Farm home section (continued)

5. Property to be insured

Is cover required?

Yes No

A. Buildings

State your sum insured (Minimum sum insured €100,000).

€

B. Contents

State your sum insured (Minimum sum insured €20,000).

€

Valuable items

If the total value exceeds 1/3 of the contents sum insured or any single item exceeds €4,000, please provide details. Complete on additional sheet of paper if required.

Details

(a)	€
(b)	€

Do you wish to include a TV or radio aerial over 8 meters high or a satellite dish over one meter in diameter?

Voluntary excess (Applicable to sections A to G). Discounts available.

€500 €1,000

Select excess required:

C. All risks

1. Unspecified Personal Possessions (Policy provides automatic cover for €1,300 – Single Article Limit €650).

Please state sum insured.

(Single article limit 1/3 of the combined Sum Insured or €1,300, whichever is less).

2. Specified Personal Possessions (Please provide valuations for items over €3,000):

Details	Sum insured
(a)	
(b)	
(c)	

D. Sports equipment

Equipment for which cover is required:

Details	Sum insured
(a)	
(b)	
(c)	

E. Pedal cycles

Please state make and model:

Details	Sum insured
(a)	
(b)	
(c)	

Farm home section (continued)

F. Trailer caravans

Make/Model

Year of manufacture

Caravan sum insured

Personal Possessions Sum Insured (Single Article Limit €130)

Is the caravan permanently sited?

Yes No

Is the caravan let for hire or reward?

Yes No

Is the caravan used as a permanent residence?

Yes No

Please state address of site:

Address

Town

County

Postcode

G. Boats

Type of boat

Sum insured

Item 1 – the craft, trolley, life jackets, buoyancy aids and water skis.

Item 2 – the outboard motor.

Item 3 – the trailer.

Second home

Do you own a second home?

Yes No

If 'Yes', and you would like to insure it with Zurich, please complete a separate Home Insurance Proposal Form.

9 Claim history (5 years)

Have you suffered any claims in the past five year period?
(If 'Yes', please detail below in full.)

Yes No

Claim Type	Date of Loss	Outstanding Reserve	Settlement Amount	Date of Settlement

Complete on additional sheet of paper if required.

10 Data Protection

Zurich Insurance plc ('Zurich') will hold your details in accordance with our Data Protection and Privacy Policy together with all applicable data protection laws and principles. Information you supply may be used by us for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention) within the Zurich Insurance Group and our partners inside and outside the European Economic Area.

We may share with our agents and service providers, members of the Zurich Insurance Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing and regulatory bodies (of which we are a member or by which we are governed) information we hold about you and your claims history. This includes the Insurance-Link database and the Irish Insurance Federation's anti-fraud claims matching database. We may also in certain circumstances use private investigators to investigate a claim.

We may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance we issue/arrange or to administer claims which arise.

Unless you have advised us otherwise, we may share information that you provide to companies within the Zurich Insurance Group and with other companies that we establish commercial links with so we and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you.

Please tick here if you do not wish your information to be utilised for these purposes.

You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003. Should you wish to exercise this right, please write to the Data Protection Officer, Zurich Insurance, PO Box 78, Wexford. To access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheque should be made payable to Zurich. By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention).

Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.zurichinsurance.ie or requested by writing to our **Data Protection Officer at Zurich Insurance, PO Box 78, Wexford.**

11 Declaration

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect.
2. I/We declare that if anything on this form was written by another person he or she acted as my/our agent for this purpose.
3. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurer.

Signature

Date

Important Notice: Failure to disclose material facts could result in your contract being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request within three months from the date of this proposal. Full details of the cover provided appears in the policy document, a copy of which is available on request. Telephone calls may be recorded for security and training purposes.

The insurer reserves the right to decline any proposal.

Zurich Insurance plc
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Telephone: 01 667 0666 Fax: 01 667 0644 www.zurichinsurance.ie
Zurich Insurance plc is regulated by the Central Bank of Ireland.

