AGRISURE FARM COMBINED INSURANCE QUOTATION FORM



Broker Name				Telepho	one No				7
Contact Name				Email A					=
				=					_
Present Insurer				Renewa					_
Target Premium	£		(This Year)	Previou	ıs Premium	£		(Last Year)	
			GEN	ERAL QU	JESTIONS				
Clients Name / Fu									\neg
and Dates of Birtl Partners:	n tor all								
Correspondence A	Address:								
Risk Address (If di from above):	fferent								
Business Descript Details):	ion (FULL								
Non-Farming Acti (Including any Farming Diversification):	-								
Date Business Est	ablished			Year Fa	rm Experier	nce Starte	ed		
		l .	Fa	_ rming Pı	•		_		_
Standard Cover: Optional Covers: Images of Buildin Cover in respect of	Si gs require	torm / Flo d to evide	ood (Buildings) ence condition	if STORM	☐ The state of th	neft (Mac r equired	hinery/Prod	-]
Buildings Descri	ption of Us	e	Address			,	Year Built	Sum Insured	1
Single Phase Elect	rics?		Yes □	No □	Livestoc	k (Non D	isease) Limi	t £10,000 Any	One Anima
Any One Building		.000?	Yes □	No □		-	-	ng, Explosion,	
Are Buildings in G		•					, 0	ot and Malicio	•
well maintained			Yes □	No □		rees, Full	-		
Are Buildings Hea	ted?		Yes □	No □	_		ously housed	d? Yes □	No □
Standard Constru			Yes □	No □		Cattle	•		
(i.e. 80% Brick, Stone	or Concrete o	r other non	-combustible mat	erials?)		Sheep			
Composite Panels – R			_	_		Pigs			
Are Buildings Ope	en Sided?		Yes □	No □		Poultry			
Machinery / Impl	ements					Horses		£	
Permanently Fixe		ry	£			Working	Dogs	£	
Milking Equipmer		•	£		_	Other –	Specify		
Portable Grain Dr			£		_	Specified	d Animals	£	
Otherwise (floating		mises)	£		Type, Br	eed, Tag,	DOB, Morta	ality / Infertilit	У
Produce and Dea		,			Are Live	stock kep	ot on Comm	on or Unfence	ed Land?
Growing Crops (e			£		_	Yes	□ No)	
Crops in store (ex	-	lage or ro			Optiona	l Covers ((Specify if R	equired)	
Hay and Straw		_	£	-	Theft		☐ Str	raying	
Silage			£		Sheep W	orrying/	□ Ca	ttle Worrying	
Roots and Potato	es in Buildi	ngs	£		Transit		□ Ov	vn Premises	
Roots and Potato		_	£		If Transi	t Require	ed: Load Li	mit £	
Other Property Re	-				_		No of Vehic	les	
Otherwise		J	£						

Liabilities

Employers Liability	Public Liability			
Exempt from ERN? Yes \(\sigma \) No \(\sigma \)	Total Acreage			
ERN No	Turnover from Farming £			
Farm, Estate Workers including casual (ex forestry) £ Tree Felling and use of Woodworking Machinery £	(split per farming activity) Turnover from Agricultural Contracting £			
Clerical £				
Forestry £				
Contracting £	Holiday Accommodation £			
All other – Specify Activity Below £	Number of Units			
7.11 Oction - Specify receivity Below	Camping / Caravan Sites £			
	Number of Pitches			
Risk management features:				
_	Are there any Public Footpaths or Rights			
_	of way running through the farm?	Yes \square No \square		
, p. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Are there any Agreement or Contracts which			
	effect Liability under Statute or Common Law	Yes \square No \square		
and maintained	Do your activities include representation or			
 All necessary Risk Assessments in place and 	Premises outside the UK?	Yes \square No \square		
regularly reviewed by the Business \qed				
 You follow the advice contained within the 	Limit of Indemnity £5,000,000 /	£10,000,000		
'FarmWise guide to health and safety in	·			
agriculture'. Document (HSG 270) as issued				
by the HSE	Increased Limits available on request			
	Postcode:			
Year Built Number of Bedrooms	Type of Heating			
House Type Detached / Semi Detached / Terraced	Bungalow / House			
Buildings (Please tick cover required)	Contents (Please tick cover required)			
Standard	Standard Accidental Damage			
Sum Insured £	Sum Insured £			
Caravans	Unspecified Personal Effects £			
Towing and Permanently Sited (Ex Hire) £	(Automatically covered up to £3,500)			
Towing and Permanently Sited (Incl Hire) £				
Model Year	Automatic cover for Cash £2,500 £			
	Automatic cover for Credit Cards £10,000 £			
General				
	Yes□	No □		
Reduced to £1,000,000 in respect of pollution Increased Limits available on request Home Insurance				
 None Written Health and Safety policy in force All Employee training records fully documented and maintained All Imployee training records fully documented and maintained All Imployee training records fully documented and maintained All necessary Risk Assessments in place and regularly reviewed by the Business You follow the advice contained within the 'FarmWise guide to health and safety in agriculture'. Document (HSG 270) as issued by the HSE Home Insurance				
Is the Property Listed? If so, please confirm the Grade				

Cover is available for the following:

Growing Timber, Boundary Hedges, Walls, Fences and Gates, Office Contents, Computers, Milking Jars, Semen in Flask, Loss in Transit, Loss of Income, Legal Expenses, Money and Personal Assault, Business Interruption, Personal Accident and Sickness

General Questions – MUST BE COMPLETED

_	-	Farming or Estate business? At these premises?			here?	—
-	-	remises or tenant? Owner		Tenar		
-	-	in growing GM crops? any other business in the last 5 years?	Yes Yes		No No	
-		or claims arisen in the last 5 years whether insured or not?	Yes		No	П
Date	Type	Details			Estimate or	
	,,					
			-			
	f your knowled e area in the la	dge is there any history of Flooding, Subsidence, Heave or	Yes		No	
•				_		_
Are the Build	ings, Fixed Ma	chinery and Fences in a good state of repair?	Yes		No	Ш
Are there any unoccupied buildings to be covered?					No	
Is all Machine	ery Properly F	enced / Guarded	Yes		No	
-		posed have you or any director / partner, either in the name of to in which any of you have had an interest:	:he busin	iess prop	osed or i	n the
_		out insurance?	Yes		No	
` '		sal for insurance declined, renewal refused, cover terminated,	163		NO	ш
		m required or special conditions imposed by any insurer?	Yes		No	
Either person	ally or in any b	business capacity have you or any director / partner in the busine	ess propo	osed eve	r been:	
(a) Dec	clared Bankrup	ot or the subject or bankruptcy proceedings?	Yes		No	
		County Court Judgement (or Scottish equivalent)?	Yes		No	
		er in any business which has been the subject of an individual ement with creditors, voluntary liquidation, a winding up or				
		der or receivership proceeding?	Yes		No	
Either person	ally or in any b	business capacity have you or any director / partner in the busine	ess			
proposed eve	er been convic	ted of or charged (but not yet tried) with a breach of Health and				
Safety Legisla	ition?		Yes		No	
Is your policy	currently subj	ject to a Long Term Undertaking Agreement?	Yes		No	
Any other re	elevant inform	ation?				
ı						
		Please provide any other details that you consid	ler relevi	ant on a c	senarate	shoot
		i icase provide any other actains that you consid		UII U J	LPUIULE.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,