

Application for

# Farm Insurance

This application form must be completed signed and dated by your Principal, Director or Partner

Please ensure that all questions are answered in full and that where further details are requested or there is insufficient space available in the application form any relevant additional information is provided in the box on page 13

## Proposer Details

Full Trading Title

Correspondence Address

Postcode

Number of Employees

Annual Turnover (last financial year or estimated if a start-up)

£

Company Registration No.

Date Established

Partners or Directors (enter full names)

Name	Date of birth

Name	Date of birth

Business Description (please provide a full description of all your business activities)


Trading Addresses

	Postcode
--	----------

Location 2 Address

	Postcode
--	----------

Location 3 Address

	Postcode
--	----------

Location 4 Address

	Postcode
--	----------

Have you been proposed for this insurance in any other name or company?

YES  NO

## Proposer Details continued

Have you changed your name or been part of a merger de-merger or joint venture or have there been any material changes to your activities in the past 6 years? If YES please provide full details

YES  NO

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Name of Current Insurer

--

Period of Insurance

From:	To:
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## Farm Property Damage

1 (a) Is buildings cover required?

YES  NO

(b) Please complete the following if cover is required

Location details

Location	Description/Use	If the building is of Non-Standard Construction*, please provide details below	Heated? Yes (Y) No (N)	Basis of Cover**	Sums insured
1					£
2					£
3					£
4					£

\*Construction other than brick or stone walls and slate, tile, metal or concrete roof

\*\*MM – Modern Materials

**DO** – Day-One (state below uplift required)

**R** – Reinstatement

**I** – Indemnity

**DRC** – Debris Removal Cost

If **DO** cover selected please state the uplift percentage required:

## Farm Property Damage continued

2 (a) Is contents cover required?

YES  NO

(b) Please complete the following if cover is required

Description	Sum Insured	Perils – see below for description of Peril Groups					
		1	2	3	4	5	6
Produce and deadstock	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hay and straw	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Silage	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Harvested roots in the open	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Harvested roots in buildings	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grain in store (if not insured on an income basis)	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Growing timber	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fixed milk plant	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fixed machinery	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other machinery	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grain drying plant	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Poultry rearing equipment	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Loss of cattle documents	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fences, gates, hedges and boundary walls	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Livestock:</b>							
Cattle	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pigs	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)							
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Perils Groups:

1 Fire, Lightning, Aircraft, Explosion, Malicious Damage, Impact (full), Escape of Oil, Falling Trees, Subterranean Fire, Spontaneous Combustion, Earthquake

2 Storm and Tempest

3 Flood\*

4 Theft

5 Livestock Fatal Injury

6 Livestock Electrocution

\*If Flood selected as Peril Group, have any of the premises in the area previously been affected by flooding or are they at risk from flooding? If yes, provide details:

YES  NO


## Business Interruption

3 (a) Is cover required?

YES  NO

(b) Please complete the following

Description	Indemnity Period	Sum Insured
Arable farming (combinable crops)		£
Arable farming (roots and vegetables)		£
Total milk sales		£
Cattle		£
Sheep		£
Loss of rent		£
Additional costs of working		£
Other		£

(c) Perils – cover will follow that provided by the Farm Property Damage Section unless requested otherwise below

(d) Please complete the following

Cover Extensions	YES/NO	%/£ limit
1 – Additional Increase in Cost of Working		
2 – Outstanding Debit Balances		
3 – Unspecified Suppliers		
4 – Unspecified Customers		
5 – Storage Sites		
6 – Property in Transit		
7 – Contract Sites		
8 – Public Utilities		
9 – Denial of Access		
10 – Disease		
At the Premises		
In the Area		
11 – Public Emergency		

(e) Do you require cover for Specified Suppliers and Customers?

YES  NO

	%/£ limit	Address	Business
Specified Suppliers			
Specified Customers			

## Goods in Transit

4 (a) Is cover required?

YES  NO

(b) Please complete the following if cover is required

Property	Load Limit	Number of vehicles
Cattle		
Sheep/Pigs		
Other Livestock (please specify)		
Other Farm Property		

## Money

5 (a) Is cover required?

YES  NO

(b) Please complete the following if cover is required

Annual cash carryings	£
In a locked safe overnight	£
Make/model of safe	
Limit all other situations including transit	£
Personal accident and assault cover	£

## All Risks

6 (a) Is cover required?

YES  NO

(b) Please complete the following if cover is required

Office Contents	£
Computer equipment (UK Limits)	£
Portable computer equipment	£
Mobile communications equipment	£
Liquid fertilizer tanks	£
Liquid fertilizer	£
Other (please describe)	£
Other (please describe)	£

## Liabilities

7 Please complete the following

### (a) Employers' Liability

Type of work	Wages Estimate	Number of Workers
Clerical	£	
Farm & Estate Workers	£	
Agricultural Contracting	£	
Gamekeeper	£	
Other	£	

### (b) Public and Products Liability

Limit of indemnity required	£
Pollution limit of indemnity	£
Estimated annual turnover	£
Agricultural contracting turnover (excl spraying)	£
Contract spraying turnover	£
Do you require cover for crops being worked upon? <input type="checkbox"/> YES <input type="checkbox"/> NO	£
Retail sales turnover	£
Rental income	£
Acreage	£
If you require Public and Products Liability cover for business activities other than farming please describe them below and enter the turnover relating to each activity in the right hand column	
	Turnover £
	Turnover £
	Turnover £
	Turnover £
	Turnover £
Contract beef rearing	£
Livery (5 horses max) & DIY livery (3 horses max)	£
Property owners	£
Shoot operators	£

## Pollution Questionnaire

8 Please complete the following

(a) Is there a major watercourse running through or marking the boundary of your farm? YES  NO

(b) Have you ever been visited by the Environment Agency? YES  NO

If YES

When was the last visit?  What was the reason?

Was any action required? YES  NO

If so, what was it?

Have you complied? YES  NO

(c) If you have undertaken a pollution appraisal have you implemented its recommendations? YES  NO   
(please provide a copy)

(d) Do you have a waste management plan prepared or checked by a qualified person? YES  NO

(e) What area of land relates to:

Arable  % Grassland  % Other  %

(f) Does any of your land consist of a quarry, dam, infill or waste disposal site? YES  NO   
If YES, please give full details

  


(g) Has it been licensed by the local authority? YES  NO

(h) Has any part of your land previously been used for waste disposal? YES  NO   
Details (list any known pollutants)

  


(i) Is any of your land used for non farming activities likely to give rise to a non-agricultural pollution claim? YES  NO   
If YES, please give full details

  


(j) Maximum number of animals that can be housed on the farm

Dairy cattle  Beef cattle  Pigs (breeding & fattening)

(k) How many tons of silage do you make each year?

Clamped  tons Bagged or wrapped  tons

**Pollution Questionnaire** continued

(l) Distance from the nearest watercourse

(m) Do the storage pads have impermeable bases and/or gullies to collect run off for storage and alter disposal? YES  NO

(n) Sheep Dipping

Is dipping carried out by: Your employees? YES  NO  A contractor? YES  NO

Is protective clothing issued and used? YES  NO  Have all employees been trained in the proper use of dips? YES  NO

How is surplus dip disposed of?

Have any claims been made in connection with sheep dipping in the last 5 years? YES  NO

(o) Do you store the following in above ground tanks? Fuel Oil YES  NO  Fertilizer YES  NO

Are the tanks outlets locked? YES  NO  Are the tanks bunded? YES  NO

How far are the tanks from the nearest watercourse?

(p) Have you ever been convicted of an offence under

The Control of Pollution Act 1974? YES  NO

The Environmental Protection Act 1990? YES  NO

The Control of Pollution Regulations 1991? YES  NO

If YES, please give full details

Date	Details of incident	Complainant	Payments made
			£
			£
			£
			£

**Subjective information**

9 Please complete the following

(a) Are you part of any farm assurance schemes? YES  NO

(b) Do you have a staff induction programme? YES  NO

(c) Do you have a health and safety Policy with risk assessments and safe working practices? YES  NO



## Home Insurance Property 1

10 Please complete the following

Proposer

DOB



Address

Postcode

### (a) Buildings

Basis of cover      Modern materials

Reinstatement

Is the property thatched?      YES       NO

Year of construction?

Do you require cover for Accidental Damage?      YES       NO

Buildings sums insured      £

### (b) Contents

Do you require cover for Accidental Damage?      YES       NO

Contents sum insured      £

Sum insured for high risk items if over 33% of contents sum insured      £

Unspecified valuables      £

Specified items

	£
	£
	£
	£

### (c) Home Security

Does the premises have an Intruder Alarm?      YES       NO

If so,

Name of the installer

Type of signalling

Is it maintained by an alarm company?      YES       NO

## Buildings – Let Dwellings

11 Please provide details below of any Let Dwellings for which cover is required:

Address 1

			Postcode
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Year of construction	<input type="text"/>	AST or service tenant?	<input type="text"/>	Sum insured	£ <input type="text"/>
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Address 2

			Postcode
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Year of construction	<input type="text"/>	AST or service tenant?	<input type="text"/>	Sum insured	£ <input type="text"/>
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Address 3

			Postcode
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Year of construction	<input type="text"/>	AST or service tenant?	<input type="text"/>	Sum insured	£ <input type="text"/>
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Address 4

			Postcode
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Year of construction	<input type="text"/>	AST or service tenant?	<input type="text"/>	Sum insured	£ <input type="text"/>
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Address 5

			Postcode
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Year of construction	<input type="text"/>	AST or service tenant?	<input type="text"/>	Sum insured	£ <input type="text"/>
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Address 6

			Postcode
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Year of construction	<input type="text"/>	AST or service tenant?	<input type="text"/>	Sum insured	£ <input type="text"/>
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Address 7

			Postcode
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Year of construction	<input type="text"/>	AST or service tenant?	<input type="text"/>	Sum insured	£ <input type="text"/>
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## Buildings – Let Dwellings continued

Address 8

			Postcode
Year of construction	<input style="width: 90%;" type="text"/>	AST or service tenant?	<input style="width: 90%;" type="text"/>
		Sum insured	£ <input style="width: 80%;" type="text"/>

Address 9

			Postcode
Year of construction	<input style="width: 90%;" type="text"/>	AST or service tenant?	<input style="width: 90%;" type="text"/>
		Sum insured	£ <input style="width: 80%;" type="text"/>

Address 10

			Postcode
Year of construction	<input style="width: 90%;" type="text"/>	AST or service tenant?	<input style="width: 90%;" type="text"/>
		Sum insured	£ <input style="width: 80%;" type="text"/>

## Buildings – Let Dwellings Particulars

12 Please complete the following

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| (a) Are all properties constructed of brick or stone and roofed with slate, tile, asphalt, metal or concrete? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (b) Have a self contained separate lockable entrance?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (c) Occupied as a permanent residence?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (d) In a good state of repair and will be so maintained   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (e) Are you the sole owner of the properties to be insured?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If you have answered NO to any of the above please provide details below


- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| (f) Has any property been damaged by flood or ground movement?                               | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (g) Is there any history of flood or ground movement in the area surrounding the properties? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (h) Are any properties   |     |                          |    |                          |
| A holiday home?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Left unoccupied for more than 30 days?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If you have answered YES to any of the above please provide details below


## Claims

- 13 In relation to all of the insurance covers to which this proposal relates: has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past present director, officer, board member, senior manager, or employee in respect of any risk now to be insured (whether previously insured or not)?
- YES  NO

If YES please provide full details


- 14 Have you, your present or former directors, partners or family members involved with this or any other business or living with you ever:
- (a) had any previous request for insurance declined or had a previous policy or certificate cancelled voided or had any punitive conditions imposed? YES  NO
- (b) been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES  NO
- (c) been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? YES  NO
- (d) been ever subject to any County Court Judgement? YES  NO
- (e) been convicted of any offence other than a motoring offence which carries a fixed penalty? YES  NO

If you answered YES to any part of Question 14, please provide full details


## Sanctions

- 15 Do your business activities covered under this insurance involve any of the countries subject to sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the EU, UK and USA?
- YES  NO

If YES please provide full details




## Important Information

### Material Circumstances

**IMPORTANT** – This policy is a legal contract

Please remember that you must make a fair presentation of the risk to us. This means that you must:

- 1 disclose to us every material circumstance which you know or ought to know or, failing that, sufficient information to alert us that we need to make further enquiries; and
- 2 make such disclosure in a reasonably clear and accessible manner; and
- 3 ensure that in such disclosure any material representation as to a: (a) matter of fact is substantially correct; and (b) matter of expectation or belief is made in good faith.

A material circumstance is one that is likely to influence an insurer in the acceptance and assessment of the application. You must also make a fair presentation to us in connection with any variations, e.g. changes you wish to make to your policy. If you fail to make a fair presentation of the risk then this could affect the extent of cover provided or could invalidate your policy, so if you are in any doubt as to whether a circumstance is material then it should be disclosed to us.

You must give careful consideration to who, in your business, knows this information and make appropriate enquiries of your senior management. This includes those people who play a significant role in the making of decisions about how your business activities are to be managed or organised. For example, people who may hold key information could include, but not be limited to, the managing director, finance director, IT manager and HR manager.

Disclosures should be specific and made in a reasonably clear and accessible manner. We will not be deemed to have knowledge of any information generally referred to (for example the contents of company websites listed in the risk presentation) or any matter not expressly drawn to our attention.

Each renewal invitation is made on the basis of the information we have at the time it is issued. We may revise or withdraw it if, before the date your renewal takes effect, any event occurs that gives rise to a claim or alters the material circumstances under this insurance, even if we are notified after your renewal date.

A specimen copy of the policy wording is available on request. You should keep a record (including copies of letters) of all information supplied to us for the purposes of the renewal of this insurance. A copy of the completed application will be supplied on request within a period of three months after its completion.

### DATA PROTECTION ACT – INFORMATION USES

For the purposes of the Data Protection Act 1998, the Data Controllers in relation to any personal data you supply are Glemham Underwriting Limited and our Insurers.

### Insurance Administration

Your information may be used for the purposes of insurance administration by the insurer, its associated companies and agents by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, we will ensure that anyone to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing with it. If you give us information about another person, in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions).

Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

### Credit Searches and use of Third Party Information

To ensure we have the necessary facts to assess your insurance risk, verify your identity, to help prevent fraud and to provide you with our best premium and payment options, we may obtain information relating to you and your business from third parties at quotation and renewal and in certain circumstances where policy amendments are requested. This information may include a quotation search from a credit referencing agency which will appear on your credit report and will be visible to other credit providers. It will be clear that this is a quotation rather than a credit application by you to pay by monthly instalments.

### Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this renewal you will signify your consent to such information being processed by the insurer or its agents.

**If you have a Complaint**

We hope that you will be very happy with the service that we provide. However, if for any reason you are unhappy with it, we would like to hear from you. In the first instance, please write to your insurance adviser.

Your insurance adviser and your insurers are covered by the Financial Ombudsman Service. If you have complained to us and we have been unable to resolve your complaint, you may be entitled to refer it to this independent body. Following the complaints procedure does not affect your right to take legal action.

**Fraud Prevention and Detection**

In order to prevent and detect fraud we may at any time:

- 1 Share information about you with other organisations and public bodies including the Police;
- 2 Undertake credit searches and additional fraud searches;
- 3 Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this to prevent fraud and money laundering.

We can supply on request further details of the agencies and databases we access or contribute to and how this information may be used.

We and other organisations may also search these agencies and databases to:

- 1 Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- 2 Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- 3 Check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity;
- 4 Check details of job applicants and employees.

**Claims History**

- 1 Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database;
- 2 We may search these databases when you apply for insurance in the event of any incident or claim or at the time of renewal to validate your claims history or that of any person or property likely to be involved in the policy or claim.

You should show these notices to anyone who has an interest in the insurance under this policy.

**Choice of Law**

The appropriate law as set out below will apply unless you and we agree otherwise:

- 1 The law applying in that part of the United Kingdom, Channel Islands or Isle of Man in which you normally live or (if applicable) the first named policyholder normally lives; or
- 2 In the case of a business, the law applying in that part of the United Kingdom, Channel Islands or Isle of Man where it has its principal place of business; or
- 3 Should neither of the above be applicable, the law of England and Wales will apply.

**Declaration**

I/we declare that the information given is to the best of my/our knowledge and belief correct and complete and that this proposal makes a fair presentation of the risk to insurers

If the risk is accepted I/we undertake to pay the premium when called upon to do so I/we understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer’s compliance with any regulatory rules/codes

**Please remember to print this form and sign in the space below before sending the completed form – either in hard copy or as a scanned PDF – to your Insurance Advisor**

Signature of Principal/Director/Partner:		
Name	Position	Date