CALEB ROBERTS SCHEMES

	FA	RMERS (COMBINED	INSURANCE					
Broker Name			Telephone no						
Contact Name			Fax No.						
Present Insurer				Renewal Date					
Target Premium	£	(This Year)	Premium	2	(Last Year)				
GENERAL QUESTIONS									
Clients Name/Full Title:			-						
Correspondence Address:					Postcode:				
Risk Address: (If different from above	e)				Postcode:				
Business description (FULL details)									
Non-farming	Please give as much detail as possible on extra sheet								
Optional Cove (specify if require	ed):	, Earthquake, E ge ngs)	Falling Trees Thef	Full Impact t (machinery/produce)					
Buildings descri	t of Building is reinstatent ption and use Ad	ent unless oth Idress	nerwise requested		Sum insured				
Are buildings in go	and condition		Livent	ook (Non Dicago) Lim	it £10,000 Any One Animal				
and well maintained Standard construct or concrete or othe	ion? (ie.80% brick,,stone r non combustible materi-		Standa Electro Riot a	ard cover: Fire, lightning, ocution, Earthquake and Malicious Damage, For if continuously hous	Explosion, Aircraft, alling trees, Full Impact				
Are buildings oper	sided?	YES N	NO Sheep Pigs		£				
Permanently fixe Milking equipme Portable grain dry Poultry equipmer	nt	£ £ £	Poultr Horse Work Other	s ing Dogs specify fied animals REFER .	££				
Produce and Dea Growing crops (ex roots)	£	Are L	ivestock kept on commo					
Hay and straw Silage Roots and potato Roots and potato	es in open	££	Theft Sheep Transi	worrying If Transit requ	Straying Cattle Worrying				
Other property restricted to buildings Otherwise		£			Number of Own Vehicles				

LIVESTOCK DISEASE - REFER	Public Liability					
LIABILITY	Public Liability £100 Third Party Property Damage excess £250 Heat/Underground Services excess					
Employers Liability						
ELTO	Total acreage					
ERN	Turnover form Farming £					
EXEMPT	Turnover from agricultural contracting £					
Farm, estate workers including casual ex forestry £	Holiday accommodation (Number of Units) £ Camping/Caravan sites (Number of pitches) £					
Tree felling and use of woodworking machinery \pounds Clerical \pounds	_					
Forestry \pounds Contracting \pounds All other - please specify activity \pounds						
Agricultural Wages Act cover is included.	Do your activities include representation or premises outside the UK? YES NO					
HOME INSURANCE Address:	Limit of Indemnity—£5,000,000 reduced to £2,000,000 in respect of diversification. £1,000,000 in respect of pollution. Increased Limits available on request.					
	Post Code					
Year Built Please tick as appropriate: Owner Occupier Rented Date of Birth (Discount may be avail						
Buildings (Please tick cover required)						
Standard Accidental damage	Included free of charge with this section Unlimited Freezer Contents					
Sum Insured £	Caravans					
Contents (please tick cover required)	Towing and permanently sited (ex hire) £ Towing and permanently sited (including hire) £ ModelYear of Make					
Standard Accidental Damage Sum insured £	General Is your home used for any other business purposes Yes/No Free from flooding, landslip, subsidence or heave Yes/No In a good state of repair and of standard construction Yes/No					
High risk items over £5000 £	(i.e. built of brick/stone with slate/tile roof)					
Unspecified personal effects Cash/Credit Cards £250 Required? YES/NO	Left unoccupied for more than 2 months at a time Is your home occupied by anyone other than you Yes/No Yes/No					

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 & Personal Accident.

GENERAL QUESTIONS—MUST BE COMPLETED

How long have you been	in farming or estate business	5				
At these premises?		Else	where?			
Are you the owner of the	premises or a tenant? ved in growing GM crops?	Owner	YES/NO	Tenant		
	I in any other business in the	last 5 years	YES/NO			
	ined a proposal, refused rene osal relates and any business					
Have any accidents, loss	es or claims arisen whether	Insured or not? If y	es please provide	details below.		
Date Type		Details		Amount (Estimate or paid)		
Are the Buildings, Fi	xed Machinery and Fer	nces in a good state	e of repair?	YES/NO]	
	rs proposed have you o other business in which				ne business proposed	
(a) ever traded without	ut insurance?			YES/NO		
	al for insurance declined imposed by any insurer		, cover termina	ted, increased j		
-	n any business capacity charged (but not tried) v		-		ness proposed ever	
Either personally or i been:	n any business capacity	have you or any d	irector or partn	er in the busine	ess proposed ever	
(a) declared bankrupt or the subject of bankruptcy proceedings YES/NO						
(b) the subject of a Co	ounty Court Judgement	(or Scottish equiv	valent)?	YES/NO		
· ·	er in any business whic ditors, voluntary liquid ngs?		· ·	tive order or ac	•	
	n any business capacity ed (but not yet tried) wi			etv.	ess proposed ever been /ES/NO	
Is your policy current	ly subject to an LTU ag	reement?	YES/NO			
Are there any unoccu	pied buildings to be cov	Γ	YES/NO			

Please provide any other details that you consider relevant on a separate sheet

FAX THE FACTS - 01694 724095