

PROPOSAL FORM FOR BIRDCOVER

Your full name: _____ (Mr./ Mrs./ Ms./ Miss)

Address: _____
_____ Postcode _____

Tel. no: _____ Email address: _____

Date of birth: _____ Occupation: _____

Period of insurance: 12 months starting from _____

Location where birds kept (if not at home address above)

Are you a private birdkeeper _____ or a dealer _____

Are the birds kept: In the home _____ or In outdoor aviaries _____

Have any of the birds had veterinary treatment? YES / NO

- if YES, when was the treatment and what was it for?

- _____

Are the birds at present free from any sign of illness, infection, contagious disease, injury or physical disability? YES / NO

If NO, please give details: _____

Have you had previous bird insurance? YES / NO

- if YES, which insurer was it with _____ Policy no. _____

and did you have any claims whilst with them YES / NO

- if YES, when was the claim and what was it for? _____

Have you had any bird losses, whether insured or not? YES / NO

- if YES, what was the loss? _____

Has any insurer declined a proposal, refused renewal, terminated cover or imposed special terms in respect of the birds you wish to insure? YES / NO

Have you ever been convicted of arson, fraud, deception, robbery, forgery, theft, receiving or any crime of violence? YES / NO

COVER THAT YOU REQUIRE (*please tick all covers that you wish to have*)

SUPERCOVER _____ NON-RETURN (for falconers' birds only) _____

STANDARD COVER _____ AVIARY/BIRDROOMS/EQUIPMENT _____

If birds are kept in outdoor aviaries, what security measures do you have in place for their protection?

SUPERCOVER

All birds have to be specified and listed so please enter details below. If they aren't listed, they aren't covered.

Your pet's name	Species of bird	Sex (if known)	Age (if known)	Year bought	Value of bird (Purchase price)

STANDARD COVER

Total value of birds: £ _____

Are there any valued at over £50 each? YES / NO

If there are birds valued at over £50 each, they must be listed on a separate sheet and attach the sheet to this form. Birds over £50 each are only covered if they are listed. If they aren't listed, they aren't covered.

AVIARY COVER: Total value £ _____ BIRDROOM COVER: Total value £ _____

BIRDKEEPING EQUIPMENT COVER: Total value £ _____

DECLARATION: To the best of my knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that the non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not, you must disclose it in the space below).

I understand that if the insurance to be issued is not suitable for my purposes, I may return it to Golden Valley Insurance Services within 14 days of receipt and any monies paid will be refunded to me – providing I have not made a claim. To the best of my knowledge and belief, the particulars given in this form are correct and complete.

DATA PROTECTION ACT 1998 – PROPOSER'S CONSENT CLAUSE: I/we hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to Third Parties.

SIGNATURE: _____ **DATE:** _____

ADDITIONAL INFORMATION (if any) _____

Note: The Insures reserve the right to ask for special terms or decline this application. Cover is not effective until the proposal form is received and accepted by underwriters and the premium paid.

METHODS OF PAYMENT

1. **By cheque or postal order** payable to Golden Valley Insurance Services
2. **By credit/debit card** VISA/MASTERCARD/DELTA/MAESTRO/AMEX
Card no: _____ Exp. date _____ Valid from _____
Issue No. (Maestro only) _____ 3 digit security number from back of card _____
3. **By direct debit over 9 months.** Credit charge 10%. No deposit. 1st payment will be taken 1 month after policy start date. (Finance arranged through Premium Credit Ltd)
Sort code _____ **Account no.** _____ **in the name of** _____