Offshore Aquaculture Proposal Form

The information which you provide in this proposal form is important. We will rely on this in deciding whether to accept the insurance and in settling its terms, including premium. You must make a full and accurate presentation of the risk and disclose to us all material facts and circumstances that may be relevant to the risk. This obligation also applies when the policy is varied and renewed. If you fail to comply with these requirements, it could mean that the policy is invalid or that we are not liable to pay all or part of a claim. We may also be entitled to change the terms of the policy or the premium payable.

If any of your details, material facts or circumstances change during the policy period, you must always notify us immediately. A material fact is one which would influence the judgment of a prudent insurer in setting the terms or premium or determining whether to accept the risk. If you are in any doubt as to what constitutes a material fact, please contact your Broker.

You should keep a record and copies of all documents, letters and other information supplied to us in relation to this proposal form.

In order to enable us to quote your risk, please choose from ONE of the following options:

1. Complete all sections of the Proposal Form below and sign the declaration and professional secrecy statement on page 16, **or;**
2. Supply the following information for our consideration, and sign the declaration and professional secrecy statement on page 16:
* Full details of the Insured (at a minimum the information set out in the table on page 2).
* Details of stock to be insured, with insured value and location at which they are held, in the below Schedule 1.
* For risks at more than one location, please identify the stock kept at each and the insured value of the same in Schedule 1.
* Loss history (for both insured and uninsured losses) for the last 5 years in Schedule 2 (Loss History).
* Standard operating procedures for each insured location, including, but not limited to, bio-security procedures, equipment (feeding, water, back-up generators) breeding and vaccination protocols.
* Photographs and site map – including feed, emergency equipment, security measures – if available.

Please note: Regardless of the method chosen, further information may be required by us following our review of documents supplied and/or the answers given below. Please read carefully the declaration at the end of this proposal which you are required to sign.

1. Insured’s Details

|  |  |
| --- | --- |
| **Insured’s Full Name:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email:** |  |
| **Website:** |  |
| **Current business turnover (in USD/GBP):** |  |
| **Name of any aquaculture association to which the Insured has an affiliation, along with details of any mandatory standards or code of ethics (if applicable):** |  |
| **Please also state the name and address of any other parties whose interests are required to be noted on the insurance policy (feed companies, lenders etc.):** |  |

1. Cover Requested:

Please state cover required:

|  |  |
| --- | --- |
| [ ]  | All risks of Mortality |
| [ ]  | Any change in concentration of the normal chemical components of the water (excluding plankton bloom or suspended inorganic particles. |
| [ ]  | Deoxygenation |
| [ ]  | Disease |
| [ ]  | Drought, fire, lightning, earthquake, explosion, tsunami, volcano. |
| [ ]  | Flood  |
| [ ]  | Freezing (including damage as a result of collisions with ice or objects carried with ice) |
| [ ]  | Malicious Acts (including direct action from animal rights or environmental groups). | Malicious Acts (including direct action from animal rights or environmental groups). |
| [ ]  | Mechanical or electrical breakdown or accidental damage to machinery and other installations, electrocution, failure/interruption of electrical supply. |  |
| [ ]  | Plankton bloom. |
| [ ]  |  Pollution (excluding plankton bloom/inorganic particles) |
| [ ]  | Predator losses (excluding sea lice and other ectoparasites |
| [ ]  | Storm damage, subsidence, structural failures, landslips, breakage or blockage of any part of the water supply system |
| [ ]  | Theft |
| [ ]  | Other (please specify below) |

|  |  |
| --- | --- |
| **If you have ticked Other requirements or Other Period of Insurance, please explain and provide details in this information box.** |  |

1. Period of Insurance:

Please identify the period of cover which you require:

|  |  |  |
| --- | --- | --- |
| [ ]  **12 months** | [ ]  **Other – please identify:** |  |

1. Location Details

Please identify the proposed insured location(s) and, for each, the stock for which insurance is required and its value, together with the loss history of the insured location(s), by completing in full the following Schedules to this Proposal Form:

**Schedule 1** Schedule of Stock

**Schedule 2** Loss History

Additionally, please answer the following questions on the proposed insured location(s)

|  |  |
| --- | --- |
| **Name of proposed insured location(s)** |  |
| **Coordinates for proposed insured location(s)** |  |
| **Please confirm how many aquaculture sites within a 10 Mile radius of each proposed insured location.** |  |
| **Please confirm distance between the bottom of nets and the seabed at low water spring tide at each insured location.** |  |
| **Please confirm the depth of nets from the waterline at each proposed insured location.** |  |
| **Please confirm the maximum tidal ranges (in metres) encountered at each proposed insured location.** |  |
| **Please confirm the following detail of the water at each proposed insured location:** |  Minimum MaximumSalinity \*%)Water Temperature (oC) |
| **Please confirm the prevailing wind direction at each proposed insured location.** |  |
| **Please also confirm:**1. **From which wind direction each proposed insured location is most exposed;**
2. **What is the longest distance to land (also known as the “fetch”) in that direction from the insured location;**
3. **Which wind direction is the most hazardous for each insured location (please provide full details).**
 |  |
| **Please confirm:**1. **the maximum wave height encountered at each proposed insured location.**
2. **How commonly such waves are encountered.**
 |  |
| **Please confirm the maximum current strength (in Knots) at each proposed insured location.** |  |
| **Please detail any history of algae, plankton or jellyfish bloom at each proposed insured location.**  |  |
| **On average, how many days per year do you anticipate being unable to feed stock due to bad weather?** | If different for each proposed insured se, please provide a separate estimate for each |
| **Please confirm if any proposed insured location is close to a river estuary or other possible source of suspended solids.** | If yes, please confirm:1. Distance from the proposed insured site(s)
2. If there is evidence of increased mortalities being caused as a result.
 |
| **Please confirm:**1. **The current water quality monitoring systems in place at each proposed insured location**
2. **What systems are in place to prevent or reduce the impact of plankton, jellyfish or algae bloom.**
 |  |
|  |  |
| **Please confirm the minimum volume of water available to each location (M3/sec) and detail when in the year this normally occurs.** |  |

|  |  |
| --- | --- |
| **Are there any limits to the water supply? If so, please provide details.**  |  |

|  |  |
| --- | --- |
| **Please give complete information about any possible pollution sources in the vicinity of each proposed insured location** |  |
| **Please explain how you "rest" each proposed insured location through fallowing or rotation practices.** **Do you coordinate these practices with other aquaculture companies?**  |  |
| **Is there shipping activity in the area of any proposed insured location? Please provide full details if so.** |  |
| **Please confirm:**1. **Any predator populations in proximity to any proposed insured location.**
2. **What mitigation methods, as permitted under local law, are employed to reduce this risk?**
 |  |

|  |  |
| --- | --- |
| **Please confirm:**1. **How close each proposed insured location is to the shore base used for resupply and servicing.**
2. **How long it takes to get to each insured location from this base using its usual workboat?**
3. **Whether the proposed insured location is in the vicinity of a permanently staffed shore base.**
 |  |

|  |  |
| --- | --- |
| **Please provide details of any oceanographic characteristics of any proposed insured location that you believe contribute to a lower or higher risk of loss.** |  |

**Please provide details of the typical characteristics of water abstracted / extracted from your usual water supply/supplies:**

|  | Minimum Level | Maximum Level |
| --- | --- | --- |
| Concentration of Dissolved Oxygen (Mg/1) |  |  |
| Salinity (%) |  |  |
| Water Temperature (°C or °F) |  |  |
| pH |  |  |
| Organic Pollutants |  |  |
| Inorganic Pollutants and Heavy Metals |  |  |

|  |  |
| --- | --- |
| **Please identify (i) how regularly the water is sampled and tested and (ii) any other water parameters tested at the insured location(s). Please attach any relevant information or documents.** |  |

1. Equipment Details

|  |  |
| --- | --- |
| **Please provide full details of all cages or other holding equipment used at each insured location. This should include size, material and manufacturer details as well as a mooring diagram, where appropriate..**  |  |
| **For each type of cage/holding equipment used, please confirm the maximum wave height and storm force they are rated to endure.**  |  |
| **Have any sites proposed to be ensured endured wind or storm conditions in excess of what the cages or other holding equipment located there are rated to endure?**  | **Response.**  |
| **Please confirm:**1. **Number of independently moored cage groups at each insured location.**
2. **Mooring system(s) used.**
3. **Manufacturer of cage mooring system (if different from cage manufacturer)**
4. **Details of the company who installed the moorings at each insured location**
 |  |
| **When were the (i)cages and (ii) mooring units last inspected, and by whom?** |  |
| **Please confirm:**1. **The details of how you inspect and maintain the mooring.**
2. **If your marker buoys and moorings are fitted with radar reflectors and/or navigational warning lights.**
 |  |
| **Please confirm the following information about your nets:** | **Your standard net Manufacturer/supplier.****The age of your oldest net and their usual lifecycle.****Full details of your net maintenance programme.****Full details of your tagging & identification procedures.****Anti-foulant type.****How frequently nets are changed** |
| **Please confirm details of any anti predator nets used.** |  |
| **Do any insured locations utilise**[**Acoustic Mitigation Devices**](http://www.osc.co.uk/services/acoustic-mitigation-devices/)**,**[**Acoustic Deterrent Devices**](http://www.acousticdeterrentdevice.com/)**(ADDs) or**[**Acoustic Harassment Devices**](http://www.acousticmitigationdevice.com/)**(AHDs)?** | **Response** |

1. Previous Insurance Experience

|  |  |  |
| --- | --- | --- |
| Are the proposed stock and/or locations currently insured or have they previously been insured? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If Yes, give details, including the names of Insurers:** |  |

|  |  |  |
| --- | --- | --- |
| Has any Insurer ever declined to provide or refused to renew your Insurance? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If Yes, give details:** |  |

|  |  |  |
| --- | --- | --- |
| Have you other stock at the facility which are not proposed for insurance? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If Yes, please give details of why they are not included in this proposal;:** |  |

|  |  |  |
| --- | --- | --- |
| Have you previously made any claim in respect of stock losses under any policy? | [ ]  Yes | [ ]  No |

If yes, please provide details in **Schedule 2** to this Proposal Form “Previous Loss Experience”.

|  |  |  |
| --- | --- | --- |
| Have you previously made any claim in respect of losses for which cover has been declined? | [ ]  Yes | [ ]  No |
| **If Yes, please complete the Loss History sheet at Schedule 2.** |  |
| Have you previously sustained any losses of uninsured stock above the normally expected rate of trade mortality? | [ ]  Yes | [ ]  No |

If yes, please provide details in **Schedule 2** to this Proposal Form “Previous Loss Experience”.

|  |  |  |
| --- | --- | --- |
| Are there any leases or mortgages on any of the stock that are proposed to be insured? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If Yes, give details:** |  |
| In the event of a loss under this insurance, will any compensation be due from the state and/or other organisations? | [ ]  Yes | [ ]  No |
| **If Yes, please give full details:** |  |

|  |  |  |
| --- | --- | --- |
| Are there any other circumstances within your knowledge or opinion relating to your previous insurance experience which are not already disclosed, affecting or likely to affect the proposed insurance? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If Yes, please give full details:** |  |

1. Stock Details:

|  |  |
| --- | --- |
| **Please list in full all species raised at the insured location(s)** |  |
| **What is the maximum tonnage that will be held at each insured location at any one time during the policy period.** |  |
| **Please provide details of any independent consultants and back-up laboratories that you use to monitor the health of stock or running the site:** |  |
| **In which months are ova and/or juveniles introduced?** |  |
| **Please list your main suppliers of ova and juveniles.** |  |
| **Please list what health screening and/or certification you receive from the above suppliers** |  |
| **What supplier guarantees or legal avenues are available if substandard stock is provided?** |  |
| **Please confirm the amount you wish to insure stock for at each insured location.** |  |
| **Is the insured value likely to change materially during the policy period (due to mortality, harvesting etc.)? If so, please provide full details.**  |  |
| **Please confirm the maximum expected value of stock at risk during the period of insurance.**  |  |
| **Please confirm the maximum foreseen stock density at each insured location (Kg/M3), when during the policy period this will occur and for how long.** |  |
| **What systems are in place to accurately record and verify stock numbers and weight?** |  |
| **Do you use a stock control computer programme?**  | If yes, please specify which one. |

1. Disease control and stock health

|  |  |
| --- | --- |
| **Do your insured locations use commercially produced feed?**  | If no, please provide full details of the types and sources of feed used.  |
| **Please confirm your average trade mortality percentage for each insured location (from point of intake to point of sale)** |  |
| **Please identify the primary causes of such mortalities** |  |
| **Please confirm at what point(s) in the farming cycle the main incidents of mortality normally occur.**  |  |
| **What routine health sampling and screening procedures are in place?** | Please provide full details. |
| **Do any insured locations have laboratory facilities on site?**  | If yes, please provide full details. |
| **Are wild fish present upstream of any insured location?** | If yes, please confirm type and if any are migratory species.  |
| **What diseases are stock routinely vaccinated against at insured locations?** | Please provide full details, including method used and specific vaccines used.  |
| **Are you aware of any outbreaks of disease occurring at aquaculture sites not owned by you within a 20 mile radius of the insured location(s) in the last 5 years?** | If yes, please provide details. |
| **Have any proposed insured locations ever had any movement restrictions imposed and/or compulsory slaughter of stock ordered?** | If yes, please provide details. |
| **Are there any fish slaughtering sites within 20 miles of any proposed insured location?** | If yes, please provide details. |

|  |  |  |
| --- | --- | --- |
| Have there been any serious cases of illness, injury, disease or parasitic infection at any location which is proposed to be insured in the last 24 months? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If yes, please provide full details here or attach specific relevant reports on the larger species:** |  |

|  |  |  |
| --- | --- | --- |
| Are you aware of any contagious or infectious diseases or cases of parasitic infection on the premises, as at the date of completion of this form? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If yes, please provide full details here or attach specific relevant reports on the larger mammals:** |  |

|  |  |  |
| --- | --- | --- |
| Are standard operating procedures for biosecurity in place to prevent the spread of disease? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If yes, please attach standard operating procedures:** |  |

|  |  |  |
| --- | --- | --- |
| Are new stock held in quarantine or isolation before joining the rest of the stock? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If yes, please describe the quarantine process:** |  |

|  |  |  |
| --- | --- | --- |
| Are the stock for which insurance is required in sound health? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If no, please give further details:** |  |

1. Details of Veterinary Surgeon

|  |  |
| --- | --- |
| **Name of your Veterinary Surgeon:** |  |
| **Full Address:** |  |
| **Telephone Number:** |  |
| **Email:**  |  |
| **What is their experience with marine animals?** |  |
| **What is the distance to their practice from the normal location of the animals?** |  |

1. Staff Details

|  |  |
| --- | --- |
| **Provide details here of all Management, including relevant qualifications, experience, and length of service at the relevant insured location;** | **Please attach CVs of key personnel, for example:*** **Site Manager**
* **Veterinary staff**
* **Nutrition specialist**
* **Site engineer**
 |
| **How many staff are employed in total at the insured location (if more than one insured location, please provide numbers for each)?** |  |
| **Please confirm full details of your diving protocol and procedures (if applicable)** |  |

1. Site Security

|  |  |  |
| --- | --- | --- |
| **Are there staff permanently on site (24 hours a day, 7 days a week)?** | [ ]  Yes | [ ]  No |
| **If no, what arrangements are made for supervision of stock during times when no staff are present?** |  |

|  |  |
| --- | --- |
| **Please give details of the intruder alarm systems at the facility, including methods of alerting employees and/or management:** |  |

|  |  |
| --- | --- |
| **What kind of security fencing is used around the insured location to prevent public access?** |  |

|  |  |
| --- | --- |
| **Details of any other security measures in place including security personnel, CCTV camera systems, etc.**  |  |

|  |  |
| --- | --- |
| **Are there any other potential threats (e.g. disgruntled former staff) to any insured location?** |  |

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Declaration

I/We have read and understood the contents of this proposal form and declare after making a reasonable search the following information as correct:

1. I/We are authorised by each of the other applicant to answer this proposal form.
2. I/We have been provided with a copy of the policy wording to enable the proposal form to be answered.
3. The information disclosed in this proposal form, is to the best of my/our knowledge and belief true, accurate and complete.
4. I/We have taken care not to make any misrepresentation, suppress or omit the disclosure of any material fact in this proposal form.
5. I/We understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms and conditions on which it is accepted and the premium charged.
6. I/We agree to tell Insurers immediately of becoming aware about any material change in the information I/We have provided to which happens before or during any period of insurance.
7. I/We understand by signing this proposal form that this does not bind Insurers to complete or Insurers to accept this insurance.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Print Name:** |  |
| **Date:** |  |

Checklist:

In addition to completing and returning this Proposal Form, you should enclose as many of the following documents as possible, in order to obtain the best terms from Insurers:

1. A map of the facility if available – this may be available on the website and Underwriters will review.
2. A map of the location showing all water intakes if available.
3. CVs of key personnel
4. Any relevant vet reports in relation to the facility or specific animals**.**

Have you completed the following documents?

**Schedule 1 - Schedule of Stock**

**Schedule 2 - Loss History**

1. Schedule 1: Schedule of Stock

Details of stock to be Insured (please complete separate schedule for each location):

|  |  |
| --- | --- |
| **Location:** |  |

|  |  |  |
| --- | --- | --- |
| **Size Band** | **Value per Kilogram (KG)** | **Value per Fish** |
| A |  |  |
| B |  |  |
| C |  |  |
| D |  |  |
| E |  |  |
| F |  |  |
|  |  |  |

**Month by Month stock values projections**

MONTH 1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
| D |  |  |  |  |  |  |
| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
| D |  |  |  |  |  |  |
| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
| D |  |  |  |  |  |  |
| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 4

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
| D |  |  |  |  |  |  |
| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 5

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
| D |  |  |  |  |  |  |
| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 6

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
| D |  |  |  |  |  |  |
| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 7

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
| D |  |  |  |  |  |  |
| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 8

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
| D |  |  |  |  |  |  |
| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 9

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
| D |  |  |  |  |  |  |
| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 10

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
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| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 11

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
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| E |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

MONTH 12

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size Band/** | **Max Number of Fish** | **Maximum Biomass of Fish (in kilograms)** | **Total Value of Fish** | **Total Value of Biomass**  | **Total Insured Value** | **Other Information**  |
| A |  |  |  |  |  |  |
| B |  |  |  |  |  |  |
| C |  |  |  |  |  |  |
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| F |  |  |  |  |  |  |
| Total: |  |  |  |  |  |  |

\*

Please continue on additional sheets if required or attach a separate listing (Excel is preferred)

1. Schedule 2: Loss History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Loss** | **Details of Loss** | **Gross Loss** | **Deductible Applied** | **Net Loss** |
|  |  |  |  |  |
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