Onshore 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:

|  |  |
| --- | --- |
| [ ]  | 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 frost) |
| [ ]  | Malicious Acts (including direct action from animal rights 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 |
| [ ]  | 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)

Please provide a map of the location(s) where the stock to be insured will be kept, indicating the size of individual pools, tanks and enclosures.

|  |  |  |
| --- | --- | --- |
| Has any location proposed to be insured previously been susceptible to flooding? | [ ]  Yes | [ ]  No |
| **If yes, please give further details:** |  |
| **Distance of insured location(s) from nearest rivers or other natural water courses:** |  |

|  |  |
| --- | --- |
| **Please identify the proposed insured location(s), including site co-ordinates** |  |
| **Number of years the insured location(s) have been in operation:** |  |
| **Please confirm how many holding units are at each insured location (where more than one location, please provide details for each).** |  |
| **Please confirm for each insured location the measurements of the holding units and the materials from which they are constructed.** |  |
| **What anti-predator measures are taken to protect stock? Please provide full details for each location.** |  |
| **Is the insured location(s) open to the public on a full or part time basis?** |  |
| **What is the source of water for the holding units?** |  |
| **Please confirm the minimum volume of water available to each location (M3/sec) and identify when in the year this normally occurs.** |  |
| **Are there any limits to the water supply? If so, please provide details.**  |  |
| **Please identify and provide full information in respect of any possible pollution sources on the watercourse where you get your water or within a 3 mile radius around each insured location** |  |

**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.** |  |

|  |  |
| --- | --- |
| **To what extent is each insured location at risk of flooding or damage from storms or similar weather events?** | **Response** |
| **Please confirm if any insured site is downstream of or below any local reservoirs? If yes, is there any binding agreement guaranteeing the provision of water from the reservoir to the Insured site?**  | **Response** |
| **What oxygenation and/or aeration systems are utilised at the insured location(s)?** | **Response** |

|  |  |  |
| --- | --- | --- |
| Does the insured location(s) have a maintenance contract for firefighting equipment  | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If yes, please state frequency of maintenance checks:** |  |

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 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)?** |  |

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?** |  |

1. Engineering Systems at insured locations

Please provide a full schematic with detailed plans of each facility showing all holding units, watercourses, pumps, filtration units, heating systems, etc.

|  |  |
| --- | --- |
| **Please give details of your power requirements and supply:** | Please provide full details of how power is supplied to each insured location |
| **Please provide details of all power generators in place:** |  |
| **For how long are the generators run when tested, and how regularly are they tested?** |  |
| **Does the generator system engage automatically if power is lost?** **If not, what is the usual response time to activate the generators?** |  |
| **Please provide details of any alarm / monitoring system to alert relevant staff in the event of a power failure at the facility.**  |  |
| **Please provide details of any alarm / monitoring system to alert relevant staff in the event of breakage, blockage or malfunction of any filtration units:** |  |
| **Please provide details of the number of pumps at each insured location, their capacity and which section of the insured location they supply.**  |  |
| **Are all the pumps listed above for normal operation of the insured location? If not, what overcapacity is present in the pumping stem?** |  |
| **If a pump failed outside or normal operating hours, how long would it take for you to replace?**  | Please provide details, including if spare parts are kept at each insured location.  |

|  |  |  |
| --- | --- | --- |
| Are there any other alarms on the property? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **If yes, please provide details.****For example, Temperature controls, oxygen, pollution etc., along with the method of alerting staff?** |  |

Please give details of back-up systems (including technical details, frequency of testing, whether automatically engaged) for each of the systems set out below.

Please also indicate whether any backup system has been engaged in an actual breakdown event.

|  |  |
| --- | --- |
| **Main water intake pumping system:** |  |
| **Internal pumping systems:** |  |
| **Mechanical filtration systems:** |  |
| **Bio filtration systems:** |  |
| **Aeration systems:** |  |
| **Water heating or cooling systems:** |  |
| **Ozone or UV Systems:** |  |
| **Water level and flow:**  |  |
| **Dissolved oxygen concentration:**  |  |
| **Water temperature changes:**  |  |
| **Any other relevant parameterswhich you normally monitor(please specify):**  |  |

|  |  |  |
| --- | --- | --- |
| Is there a maintenance contract in force for all systems, back-up systems and alarm systems? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **Please give details:** |  |

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Convex Insurance UK Limited
52 Lime Street
London EC3M 7AF. United Kingdom

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Convex Insurance UK Limited
52 Lime Street
London EC3M 7AF
United Kingdom

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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 |  |  |  |  |  |  |
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| 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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| 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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Convex Re Limited

Point House, 6th Floor, 6 Front Street,
Hamilton HM 11, Bermuda

Convex Insurance UK Limited

52 Lime Street, London, EC3M 7AF

Convex Europe S.A.

37 Boulevard Joseph II, 2ème étage,
L-1840 Luxembourg, Grand-Duchy of Luxembourg

Convex Europe S.A. UK Branch

52 Lime Street, London, EC3M 7AF

Convex Guernsey Limited

Bucktrout House, Glategny Esplanade, St Peter Port,
Guernsey, GY1 1WR

Convex North America Insurance Services LLC

1 Palmer Square E, Suite 441, Princeton NJ 08542

convexin.com

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