



Agro Consortium **AGRINSURANCE PROPOSAL FORM – Offshore Fish enclosures**

Broker/Agent:		Code:
Name:		
Contact details:		

SECTION 1: PERSONAL DETAILS OF PROPOSER

Surname	Other names			
Identity	National ID	Village ID	Driving licence	Passport
Identification Number				
Postal:				
Telephone:				
Email:				

SECTION 2 – THE LOCATION(S) AT WHICH STOCK ARE TO BE INSURED

Name of location(s)	
Site co-ordinates of location(s) (Please supply marine chart with locations marked and photographs showing installations)	
Please list all aquaculture sites within a 10 km radius of each site.	
When was this site first established; and how long has it been used to raise the species currently on site?	



Agro Consortium AGRINSURANCE PROPOSAL FORM – Offshore Fish enclosures

What is the distance (Metres) between the bottom of your nets and the seabed at low water spring tide?		
What is the maximum tidal range (Metres) experienced at your site(s).		
What is the depth of your nets from the waterline?		
Please provide details of the parameters opposite.	Minimum	Maximum
Salinity (‰)		
Water Temp. (°C)		
What is the prevailing wind direction at your site(s)?		
From which wind direction are your site(s) most exposed?		
What is the longest fetch in that direction?		
In your opinion, what is the most dangerous wind direction for your site(s) and why?		
What is the maximum significant wave height that has been experienced at your site(s) (Metres) and how often are such waves experienced?		
In an average year, how many days would you expect to be unable to feed fish due to poor weather conditions?		
What is the maximum current (knots) that is experienced at your site(s)?		
Is there any history of plankton/ algae/ jellyfish blooms at your site(s)? (Yes/No) If so provide full details		
Please provide details of water quality monitoring procedures that you implement and any contingency plans that you have in place to prevent or		



Agro Consortium AGRINSURANCE PROPOSAL FORM – Offshore Fish enclosures

<p>minimise loss to plankton/ algae/ jellyfish blooms at your site(s).</p>	
<p>Provide details of any potential pollution sources in the vicinity of your site(s).</p>	
<p>Are any of your sites close to a river estuary or other possible source of suspended solids? If so, provide details of the source/ river, explain how close it is to the site(s) in question and whether there have ever been elevated mortalities attributable to pollution from this cause.</p>	
<p>Please give details of any oceanographic features of the site(s) which in your opinion give rise to a lower or higher risk than the norm.</p>	
<p>Please provide full details of site following/rotation practices that you use in order to “rest” the site(s).</p> <p>Are these practices used in co-operation with other aquaculture companies in loch management agreements or similar?</p>	
<p>Describe shipping activity in the vicinity of your site(s). Are they located close to shipping lanes or regular maritime traffic?</p>	
<p>Are there significant populations of predator species in the vicinity of your site(s)? (Yes/No)</p> <p>If so, provide full details.</p>	
<p>Does local legislation allow you to control predator numbers and/or activity in the vicinity of your site(s)? (Yes/No)</p> <p>If so, what measures can you take, and in what circumstances?</p>	
<p>In respect of each site, please provide details of its proximity to the shore base used for servicing.</p>	



Agro Consortium AGRINSURANCE PROPOSAL FORM – Offshore Fish enclosures

How long does it take to reach the site from this base using the normal work boat.	
Is the site overlooked by a permanently manned shore base? If so, provide details.	
Do marine charts have your site location(s) marked? (Yes/No)	

SECTION 3 – THE STAFF

Please provide names of the site manager for each site to be insured and provide details of their experience both in aquaculture and at this specific site. <i>(Please provide CV for each of the managers).</i>		
How many staff are employed at each site?	Site name	Number of employees
Have you had any dispute or disagreement with any of your current or former employees that might, in your opinion, increase the risk of a malicious act that could affect the stock to be insured?		

SECTION 4 – THE EQUIPMENT (Please provide details of the cages or other holding equipment that you use)

What is the maximum storm force and significant wave height recommended by the cage manufacturers? Have these conditions ever been experienced on any of the sites to be insured? (Yes/No)	
How many independently moored cage groups do you have at each site and what is the distance between them?	



Agro Consortium AGRINSURANCE PROPOSAL FORM – Offshore Fish enclosures

<p>Describe the mooring system(s) for your cages including the dimensions of the components. Please supply a separate mooring diagram for each group of cages.</p>	
<p>Who designed the mooring specification and what is their experience with this type of installation? If the mooring designer was not the same as the cage manufacturer, have the manufacturers approved the design? (Yes/No)</p>	
<p>Who installed your moorings and when was this done? When were they last inspected?</p>	
<p>Please provide full details of your mooring inspection and maintenance protocols. Please supply a specimen divers' inspection log if available.</p>	
<p>Are your moorings or marker buoys fitted with navigational warning lights and/or radar reflectors? (Yes/No)</p>	
<p>Please provide the information about your nets requested:</p> <ol style="list-style-type: none"> 1. Usual Manufacturer/supplier. 2. Age of your oldest net and usual lifecycle. 3. Maintenance programme. 4. Tagging/ identification procedures. 5. Anti-foulant type. 6. Frequency of net changing. 	
<p>Please provide details of your anti-predator nets.</p>	
<p>Please provide details of acoustic seal-scarers, if used or applicable</p>	



Agro Consortium AGRINSURANCE PROPOSAL FORM – Offshore Fish enclosures

SECTION 5 – THE STOCK

Which species of fish or invertebrates do you raise?	
State the maximum tonnage that will be held on each site at any one time during the period to be insured.	
During which month(s) are juvenile stock introduced?	
Which companies normally supply you with your juveniles or if these are your own, which hatchery do they come from?	
What health screening and certification do you receive from these suppliers and do you have any form of guarantee or legal redress against them in the event of poor quality stock being delivered?	
Please detail the value for which you would like to insure your stock.	
Please briefly explain how the value at risk during the policy period will vary, taking into account anticipated growth, “trade” mortalities and projected harvesting regime.	
Based on the stock projections that you have prepared, what is the highest anticipated value at risk during the proposed policy period.	
What is the maximum anticipated stocking density (Kg/M ³), when will this occur and for how long is it likely to persist?	
How do you record and check stock numbers and weights?	
Which stock control computer programme do you use and how often are fish sampled as a check?	



SECTION 6 – STOCK HEALTH AND HUSBANDRY

<p>If more than one species or “generation” of stock is held in the same cage group, please provide details.</p>	
<p>If you do not use commercially produced pellet feed, please provide details of the feed that you use.</p>	
<p>What is the average anticipated trade mortality percentage from intake to sale?</p>	
<p>What are the usual causes of these mortalities and at what point in the production cycle do they occur?</p>	
<p>Please provide full details of your diving protocol and procedures.</p>	
<p>Please provide details of routine screening and health sampling that you carry out, both “in house” and by sending samples to third parties.</p>	
<p>What laboratory facilities do you have “in house”?</p>	
<p>Provide details of independent consultants, veterinary surgeons and fish health laboratories that you use and the frequency of their visits/use.</p>	
<p>Please provide details of the diseases against which your stock is vaccinated, vaccination method and vaccines used.</p>	
<p>Please list diseases that have been recorded at each site to be insured over the past five years and also detail diseases that you suspect may have been present without formal diagnosis.</p>	
<p>Please provide details of diseases which you know or suspect to have occurred on other aquaculture operations within the last five years within a 25km radius of your site(s).</p>	



Agro Consortium AGRINSURANCE PROPOSAL FORM – Offshore Fish enclosures

Please provide details of any fish slaughtering facilities within a 25km radius of your site.	
If any of your sites has been the subject of an official movement restriction order or compulsory slaughter order within the last five years please provide details.	
What bio-security and husbandry measures do you implement at your site(s) to reduce disease exposure?	

SECTION 7 – INSURANCE DETAILS AND REQUIREMENTS (Please indicate which of the listed perils you wish to obtain cover against):

1. Storm, lightning, tsunami, collision (excluding collision with ice or objects carried by ice), sudden and unforeseen structural failure of equipment. (Yes/No)	
2. Theft and malicious acts (including malicious acts of environmental or animal rights groups). (Yes/No)	
3. Predation or physical damage caused by predators or other aquatic organisms (but not sea lice or other ectoparasites). (Yes/No)	
4. Freezing, super cooling, ice damage (including collision with ice or objects carried by ice). (Yes/No)	
5. Pollution, deoxygenation due to plankton bloom or other competing biological activity or to changes in the physical or chemical conditions of the water, including upwelling and high water temperature. (Yes/No)	
6. Any other change in concentration of the normal chemical constituents of the water, including change in pH or salinity. (Yes/No)	
7. Disease. (Yes/No)	



Agro Consortium **AGRINSURANCE PROPOSAL FORM – Offshore Fish enclosures**

Stocking details			
Fish species			
Recommended stocking rate			
Applied stocking rate			
Stocking date			
Age at stocking			
Number stocked			
Cage size (length X width)			
Input Costs / cage			
Expected Production (Kgs)			
Market value (UGX /Kg)			
Markets supplied			
Requested sum insured /cage			
Proposed insurance period	From		to

8. DECLARATION (to be signed by the applicant)

N.B. Signing this form does not commit the applicant or the Insurers to complete the insurance contract. However, in the event that an insurance contract is completed, this form shall be the basis of the contract.

Failure to disclose any material facts may result in Insurers declining to pay a claim and seeking to avoid your policy. It is, therefore, important that the questions in this form are answered completely and correctly. If you are in any doubt as to whether a set of circumstances or a fact is material then you should disclose it.

I/We wish to insure with the Insurer in the terms of the Policy issued for this class of business. I/We warrant that the statements and particulars entered in this Proposal are true and that I/We have not withheld any material information. I/We agree to give immediate notice to the Insurer of any alteration in the circumstances described herein and that this proposal shall form the basis of the contract between us.

I further declare that, to the best of my knowledge and belief, my stock are free from physical disability and in sound health and that all equipment, machinery and protective systems necessary for the containment and continuing survival of the stock are also in good condition.

Proposer's Signature :

Date :