



Agro Consortium **AGRINSURANCE PROPOSAL FORM – Onshore/Land based 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?	



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Are members of the general public allowed on site? If so, in what circumstances		
Please provide details of the source of water to all holding units		
What is the minimum volume of water available to the farm (M ³ /Sec) and at what time of the year does this occur?		
What limits this supply		
Please provide full details of any potential sources of pollution on the watercourse from which you can take water or a 4km radius of your site.		
Please provide details of the parameters opposite.	Minimum	Maximum
Salinity (%)		
pH		
Water Temp. (°C)		
Dissolved oxygen concentration (Mg/l)		
Is your site exposed to flooding or storm surge?		
Is your site downstream or below any dams or reservoirs? If so, please provide full details and confirm whether there is any formal contract guaranteeing water supply to your site.		
Please provide details of aeration or oxygenation systems available to you		
Please provide details of security and anti-predator measures		



SECTION 3 – THE STAFF

<p>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></p>		
<p>How many staff are employed at each site?</p>	Site name	Number of employees
<p>Is the site permanently attended? If not, what hours are worked and what are the arrangements for night time and weekend supervision?</p>		
<p>Have you had any dispute or disagreement with any of your current or former employees that might, in your opinion, increase the risk of malicious act that could affect the stock to be insured</p>		

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

<p>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)</p>	
<p>How many independently moored cage groups do you have at each site and what is the distance between them?</p>	
<p>Describe the mooring system(s) for your cages including the dimensions of the components. <i>Please supply a separate mooring diagram for each group of cages.</i></p>	



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<p>Who designed the mooring specification and what is their experience with this type of installation?</p> <p>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?</p> <p>When were they last inspected?</p>	
<p>Please provide full details of your mooring inspection and maintenance protocols.</p> <p>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>	



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 ova and/or juvenile stock introduced?	
Which companies normally supply you with your ova/juveniles or brood stock?	
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 pond, 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 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 onsite?</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>Do wild fish live upstream of your site? If so, are any of these migratory species</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>	
<p>What bio-security and husbandry measures do you implement at your site(s) to reduce disease exposure?</p>	



SECTION 7 – ENGINEERING ASPECTS

Please provide full details of your alarm system including the way in which the various parameters listed are monitored.	
1. Water level, flow and pump activity	
2. Dissolved Oxygen Concentration.	
3. Electricity supply/generator function.	
4. Water temperature	
5. Any other parameters.	
Please provide full details of your alarm system including the way in which the various parameters listed are monitored	
How does the alarm alert you to a problem, particularly outside working hours?	
When was your alarm installed and by whom?	
How often is it tested and serviced and by whom? Is there a maintenance contract with this company?	
How many separate supply pipes/channels are there from the water source to the farm?	
Please describe how the power is supplied to the site(s). If through overhead lines, please describe the approximate length of these lines. If your farm is gravity fed, please answer n/a to this question.	
What standby systems are available in event of pump failure and/or loss of mains electricity supply? If your farm is gravity fed, please answer n/a to this question.	
Are your generators automatically activated by mains power failure or do they have to be started manually? If your farm is gravity fed, please answer n/a to this question.	
How often are your generators tested? Are they run under load during testing and is a test log kept? If your farm is gravity fed, please answer n/a to this question.	
What design features and other measures are utilised to prevent blockage of the water source, inlet screens, pipes and valves?	



<p>How many pumps are utilised, which sections of the farm do they supply and what is their individual capacity?</p> <p>If your farm is gravity fed, please answer n/a to this question.</p>	
<p>Do you rely on all these pumps for normal operation? If not, what is the inbuilt overcapacity of the system?</p> <p>If your farm is gravity fed, please answer n/a to this question.</p>	
<p>How long would it take you to replace a pump outside working hours and is your staff able to do this?</p>	
<p>Do you carry an adequate stock of spares for pumps and other essential machinery?</p> <p>If your farm is gravity fed, please answer n/a to this question.</p>	
<p>Please provide details of further life support systems or strategies that are available to you in an emergency.</p>	

SECTION 8 – INSURANCE DETAILS AND REQUIREMENTS (Please indicate which of the listed perils you wish to obtain cover against):

1. Pollution. (Yes/No)	
2. Malicious acts (including malicious acts of environmental or animal rights groups), theft, predators.(Yes/No)	
3. Flood, tsunami. (Yes/No)	
4. Storm damage, subsidence, landslip, structural failure, breakage or blockage of any part of the water supply system. (Yes/No)	
5. Drought, fire, lightning, explosion, earthquake. (Yes/No)	
6. Freezing, frost damage. (Yes/No)	
7. Mechanical or electrical breakdown or accidental damage to machinery and other installations, failure or	



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	interruption of the electricity supply, electrocution. (Yes/No)	
8.	Deoxygenation due to vegetation, competing biological activity or high water temperature. (Yes/No)	
9.	Any other change in concentration of the normal chemical constituents of the water, including supersaturation with dissolved gases and change in pH or salinity. (Yes/No)	
10.	Disease. (Yes/No)	

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

9. 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.



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Proposer's Signature:

Date :