

**LIVESTOCK INSURANCE MANAGERS**  
**ALPACA JUSTIFICATION OF VALUE**

CERTIFICATE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF ANIMAL \_\_\_\_\_

MICROCHIP NUMBER \_\_\_\_\_ LOCATION \_\_\_\_\_

BREED - HUACAYA or SURI \_\_\_\_\_ SEX \_\_\_\_\_

SIRE \_\_\_\_\_ DAM \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SUM INSURED REQUIRED \_\_\_\_\_

PURCHASE PRICE \_\_\_\_\_ DATE \_\_\_\_\_

BREED SOCIETY REGISTRATION NUMBER (BAS/ARI/CLAA/AAA): \_\_\_\_\_

TAG NUMBER \_\_\_\_\_

COLOUR \_\_\_\_\_ Solid OR Multi \_\_\_\_\_

DNA PROFILE (From Blood): \_\_\_\_\_

**FLEECE DETAILS:**

Weight of First Fleece \_\_\_\_\_

Date of Fibre Test \_\_\_\_\_

Micron Count \_\_\_\_\_

Follicle Density per sqm \_\_\_\_\_

Average Fibre D A (to IWTO method 12 DIA →0←) \_\_\_\_\_ Microns

Standard Deviation \_\_\_\_\_ Microns

Coefficient of Variation \_\_\_\_\_ %

Fibres > 30 Microns \_\_\_\_\_ %

SHOW DETAILS( events and placings/winnings): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER DETAILS \_\_\_\_\_

\_\_\_\_\_

**FEMALES ONLY**

Number of Crias Bred (including sex) \_\_\_\_\_  
In Cria - if so to whom stud fee paid \_\_\_\_\_  
Highest Recorded Sale Price of Offspring (male & female) \_\_\_\_\_  
\_\_\_\_\_

**MALES ONLY**

Stud Fee \_\_\_\_\_  
Has the Animal Undergone a Fertility Check? \_\_\_\_\_  
Number of Females Served to Date – Sex of Cria(s) \_\_\_\_\_  
Number of Scheduled Breedings for upcoming season \_\_\_\_\_  
Highest Recorded Price of Offspring (male and female) \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS OWNERS DETAILS (if applicable)**

NAME \_\_\_\_\_  
  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR VALUES OVER or EQUIVALENT to \$20,000.00 ONLY**

Please Provide a Side and Front Photograph of the Alpaca and Showing Results if Applicable

**PEDIGREE**

Please Include Name, Type, ID Number Colour, Value, Fleece Details

For Values up to \$25,000.00 please provide 2 generations details, for values over this please provide 3 generations details, alternatively please provide a copy of the registration certificate.

SIRE \_\_\_\_\_  
SIRE \_\_\_\_\_ DAM \_\_\_\_\_  
SIRE \_\_\_\_\_  
DAM \_\_\_\_\_ SIRE \_\_\_\_\_  
DAM \_\_\_\_\_ DAM \_\_\_\_\_  
SIRE \_\_\_\_\_  
SIRE \_\_\_\_\_ DAM \_\_\_\_\_  
DAM \_\_\_\_\_  
DAM \_\_\_\_\_ SIRE \_\_\_\_\_  
DAM \_\_\_\_\_ DAM \_\_\_\_\_

Please attach any other relevant information to this form for further Justification of Value.

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will 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 what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I declare that to the best of my knowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties. I also confirm there are no other circumstances within my knowledge or opinion that are not already disclosed that are likely to affect the proposed insurance.

Signed \_\_\_\_\_

Please Print \_\_\_\_\_

Dated \_\_\_\_\_