

**For Office Use only:**

Scrutiny No	Receipt No	Policy No

**For Agent Use Only:**

IMD Code	Sub IMD Code	Mobile No.

Emp/ LG Code

**BAJAJ ALLIANZ POULTRY INSURANCE POLICY: PROPOSAL FORM**

- Please answer all questions in BLOCK letters.
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

**Proposer and Risk Details**

1.	Name of the Proposer:	
2.	Communication Address with Contact Number:	
3.	Name and address of the Poultry Farm	
4.	Name and address of the Financing Bank	

5. Type of Birds: \_\_\_\_\_ Broilers/ \_\_\_\_\_ Layers/ \_\_\_\_\_ Hatchery

6. Indemnity Level you want to opt for? a)  65%    b)  75%    c)  85%

7. Number of Sheds \_\_\_\_\_

8. Shed Capacity \_\_\_\_\_

9. Number of Rotations \_\_\_\_\_

10. Description of the Birds to be insured

Unit	Date of Hatch of birds	Date of Purchase	No of birds purchased as per delivery challan	Total no of birds in the unit at proposal	Breed strain	Age in weeks at proposal	Source of purchase	Expected date of disposal

11. What is the system of Housing of the Birds?

i.	In Brooding House	_____ Deep Litter / _____ Cage System
ii.	In Grower House	_____ Deep Litter / _____ Cage System
iii.	In Layer House	_____ Deep Litter / _____ Cage System

12. Equipments:

- No of feeders: \_\_\_\_\_
- No of Drinkers: \_\_\_\_\_
- No of Brooders: \_\_\_\_\_

13. Is a qualified Vet. Surgeon employed to look after the farm: \_\_\_\_\_ Yes/ \_\_\_\_\_ No

14. If yes, please give details of Vet. Surgeon:

- Name: \_\_\_\_\_

ii. Qualification: \_\_\_\_\_

iii. Regd. No. \_\_\_\_\_

iv. Is he residing at the farm 24 hours \_\_\_\_\_ Yes/ \_\_\_\_\_ No

15. If qualified Vet. Surgeon Not employed then on whose services you depend upon: \_\_\_\_\_  
\_\_\_\_\_

16. Details of other Technical persons residing at the farm premises:

S. no	Name	Qualification	Job Description

17. Are the diagnostic equipment/agents maintained at the farm: \_\_\_\_\_ Yes/ \_\_\_\_\_ No

18. Do you stock essential medicines at the farm: \_\_\_\_\_ Yes/ \_\_\_\_\_ No

19. Do you manufacture your own feed or get it from the market: \_\_\_\_\_

20. Is the owner/partner/associate experienced in poultry farming or have undergone any training:  
\_\_\_\_\_

21. Details of vaccination conducted during last six months:

Unit No	Date of vaccination	Age of birds	Disease against which vaccinated vaccination	Trade No	Name of vaccine	Batch No	Vaccination done

22. Details of debeaking

Unit No.	Date of Debeaking

23. Details of deworming

Unit No.	Date of Deworming

24. Has there been any epidemic outbreak during last 3 years? If so, give details: \_\_\_\_\_

25. Do you maintain the following records?

S. No	Details	Yes / No
i.	Flock record on day to day basis	
ii.	Mortality record	
iii.	Culling	
iv.	Vaccination and medication particulars	
v.	Feed consumption	
vi.	Production	
vii.	Debeaking	
viii.	Incidence of diseases	

ix. Purchase and sales

26. Do you wish to cover Coccidiosis\* ? \_\_\_\_ Yes/ \_\_\_\_ No

If Yes, Please provide the anti coccidial preventive measures taken in your farm \_\_\_\_\_

(\*Note –The cover against Coccidiosis will be granted only if the company is satisfied that the anti coccidial preventive measures are undertaken as per the standard practice)

27. Since when the Poultry farm is established? \_\_\_\_\_

28. Have you earlier at any time proposed your birds for insurance? If so, give name and address of the Insurance Company: \_\_\_\_\_

29. Has any Insurance Company:

i. Declined to issue a policy to you? \_\_\_\_\_

ii. Declined to continue insurance? \_\_\_\_\_

iii. Not invited renewal of policy? \_\_\_\_\_

If yes for any of the above questions, kindly provide details \_\_\_\_\_

30. Period of Insurance for the present proposal:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Payment Details

Mode of Payment:  Cheque  DD  Cash  Others  
 Cheque - Given by:  Spouse  Father  Mother  Son/Daughter  Employer/Employee  Financier



To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.

**Declaration:**

I/ We agree to declare daily mortality details on weekly basis to the company.

I/ We declare that the foregoing statements are true to the best of my/our knowledge and belief, that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of contract between me/us and the company.

I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.

Date: 

Signature of the Proposer

Place:

\* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.

**INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKH RUPEES.