



UNITED INDIA INSURANCE COMPANY LIMITED
AQUACULTURE (SHRIMP / PRAWN) INSURANCE
PROPOSAL FORM

1. Name of the Proposer and Address :
2. Location of site (s) on which insurance required :
 - a) Survey Numbers :
 - b) Immediate neighbours : East: West:
North: South:
 - c) No. of ponds proposed for Insurance and
 - d) Water spread area : Pond Nos:
Water Spread Area:

(Enclose a plant of Farm Site and mark identification of all Ponds thereon and Reservoir / effluent treatment system etc.)
3. Whether the Project / Site is owned by the Proposer or taken on lease :
4. Whether the site is approved as suitable for Prawn farming by any Agency? (Specify the Agency and attach the proof if any) :
5.
 - i) Name the source of water supply to Ponds / Farm :
 - ii) Are you having any water reservoir in the Farm Premises? :
 - iii) If yes, what is the capacity of Reservoir :
6. In relation to the supply & quality of water in Ponds answer the following:
 - i) Give the highest & lowest temperatures ever recorded in the area of farm :
 - ii) Salinity measured in the water source and how often you measure the salinity in each pond? :
 - iii) Oxygen level measured in the water source and how often do you overseas oxygen level in ponds? :
 - iv) How often do you measure the ammonia level in the Pond? :
 - v) What is the percentage of water exchange That take place in each Pond? :
 - vi) At maximum pumping rate, what is the longest time it would take to change the water in each Pond? :
 - vii) Do you use aerators in Farm? If so, indicate Number, type, capacity of aerators per Pond :

7. i) What are the main species of Prawn proposed to be farmed on the site :
- ii) From where do you obtain seed material (post larvae) for the farming? :
- iii) Do you use artificial feeds? :
- iv) What is the expected / projected feed conversion ratio? :
8. Density of larvae you stock in Ponds per Sq. meter:
- i) Proposed date of stocking in Ponds :
- ii) Expected survival at the end of every fortnight / crop period :
- iii) Projected / expected average body weight at the end of each fortnight? :
- iv) Type of culture you practice : Traditional / Extensive / Semi-intensive
- v) What is the proposed culture period you want to adopt in the Farm (Specify the No. of fortnights) :
9. i) How often do you sample the population Each Pond? :
- ii) What are the facilities you have in your Lab? :
- iii) What the time you keep the Pond empty after each harvest & what sort of preparation will you make before next cycle of restocking? :
- iv) Give details of diseases / problems faced in your Farm for the last 2 years :
- v) Give details of procedure you adopt to prevent disease in your Farm :
10. i) Since how long you are in Prawn farming activity :
- ii) What is the expected input cost per acre you propose to incur for this crop period :
- iii) Give the maximum quantity of prawn (Head-on) you expected to harvest per acre during this crop :
- iv) No. of crops so far harvested on your farm & furnish the details on stocking density, survival rate recorded & quantity harvested per acre :
11. Give details of personnel on the Farm / attached to your Farm & their experience in prawn farming :
12. What sort of records do you maintain in the Farm (Enclose to this proposal specimen sheets of records) :
13. Is your farm having effluent treatment system? :
If yes, give details :
14. Is the site / farm proposed for insurance exposed to Flood, Tidal Wave, Storm Earthquake, Pollutions, Drought, Disease previously? :

15. Give details of all types of losses that have occurred :
Since the farm started operation

16. Has any insurer declined to insure the farm proposed :
Now or any kind of special condition or increased
Premium imposed?

17. State which perils you require to be covered. (Please indicate 'YES or NO' in the box alongside)

I) Section I - Natural calamities (Storm, Cyclone, Flood etc.)	<input type="checkbox"/>
ii) Section II - Other perils (Pollution, Poisoning, Riot & Strike etc.)	<input type="checkbox"/>
iii) Section III - Diseases.	<input type="checkbox"/>

I / We, the undersigned, warrant that the statements / answers contained in this Proposal / Application are true and correct.

I / We understand that any false statement or misrepresentation of material fact will void any right to indemnify under the Insurance Policy hereby applied for. I / We further warrant that my / our Shrimp / Prawn are in sound health and good condition and to the best of my / our knowledge and belief, free from any kind of infection or disease.

Place:

Signature:

Date:

Name in full:

Address :

CERTIFICATE

I certify that on I have inspected the above-mentioned site / farm. I declare that *I have gone through the statements / answers furnished by the Proposer(s) in this Proposal and confirm correctness of the same.

I also certify that the Prawn / Seed (Post Larvae) are free from any disease, defect and parasitical attacks. The Project / Farm site is free from any chemical conditions of the soil and physical and chemical conditions of water harmful to prawn crop. There is no disease prevalent in the farms or its vicinity and I recommend the Insurance Company to accept the risk.

Place:

Signature of the Competent Officer
(MPEDA / BFDA / STATE FISHERMAN
DEPARTMENT / MARINE BIOLOGIST)

NAME :
QUALIFICATION :
ADDRESS :