



UNITED INDIA INSURANCE COMPANY LIMITED

DUCK INSURANCE

PROPOSAL FORM

(The Fitness Certificate Has to be filled along with proposal form)

1.	Name and address of the Duck Farm:
2.	Name and address of the Bank:
3.	Name and address of the owner/s:
4.	Date of filling the proposal from:
5.	Type of Birds / Layers / Hatchery

DESCRIPTION OF THE BIRDS TO BE INSURED

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 dated of disposal
6.	What is the system of Housing of the Birds? (i) In breeding House (ii) In grower House (iii) In layer House					Deep litter / cage system Deep litter / cage system Deep litter / cage system	
7.	Equipments (i) No of feeders (ii) No of Drinkers (iii) No of Breeders						
8.	Is a qualified Vet. Employed to look after the farm:						
9.	If yes, please give his: 1. Name: 2. Qualification: 3. Registration No. 4. Is he residing at the farm 24 hrs.					Yes / No (Please specify)	
10.	If qualified Veterinarian not employed then on whose services you depend upon:						
11.	Details of other Technical persons residing at the farm premises:						
	Name	Qualification	Job description				
12.	Are the diagnostic equipment / agents maintained at the farm:						
13.	Do you stock essential medicines at the farm:						
14.	Do you manufacture your own feed or get it from the market:						

15.	Is the owner / partner / associate experienced in duck farming or have undergone any training:						
16.	Details of vaccination conducted during last six months:						
	Date of Vaccination	Age of birds at vaccination	Disease against which vaccinated	Trade name of vaccine	Name of vaccine	Batch No	Vaccination done by
17.	Details of debeaking			Unit No.		Date of deworming	
18.	Details of deworming:			Unit No		Date of deworming	
19.	Has there been any epidemic outbreak during last 3 years? If so, give details:						
20.	Do you maintain the following records: a) Flock record on day to day basis b) Mortality record. c) Culling. d) Vaccination and medication particulars. e) Feed consumption f) Production g) Debeaking h) Incidence of diseases i) Purchase and sales.						
21.	When is the farm established?						
22.	1. Have you earlier at any time proposed your birds for insurance? If so, give name and address of the Company:						
23.	Has any company: 1. Declined to issue a policy to you? 2. Declined to continue insurance? 3. Not invited renewal of policy? 4. Imposed any restriction or special condition?						
24.	Period of insurance for the present proposal: From To:						

I agree to declare daily weekly monthly details 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.

Date :

Place :

Proposer

Signature of the

SECTION 41 OF INSURANCE ACT, 1938 - PROHIBITION OF REBATES

1. 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 or 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 or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or table of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to five hundred rupees.

DUCK INSURANCE FITNESS CERTIFICATE

1. Name and address of the duck farm
2. Name and address of the owner / owners:
3. Types of birds / layers / hatchery.
4. Date of Examination:

I certify that on ----- I have inspected the above farm and examined the birds the details of which are as under:

DESCRIPTION OF THE BIRDS EXAMINED

Unit No.	Total No. of birds in the unit on date of examination	Breed / Strain	Date of hatch of birds in the unit	Age in weeks at examination

5. Health of birds?
6. System of Housing of birds
 1. in grower house
 2. in layer house
7. Whether housing, light, ventilation, temperature, insulation, floors, feeders, sanitation, food are upto standard requirement.
8. Details of technical equipment maintained at the farm:
9. Details of vaccination conducted during the last 6 months:

Unit No.	Date of Vaccination	Age of birds at vaccination	Disease against which vaccination	Trade name of vaccine	Name of vaccine	Batch No.	Vaccination done by

10. Details of debeaking Unit No. Date of debeaking
11. Details of deworming Unit No. Date of deworming
12. Any disease presently prevalent in the vicinity
13. General opinion about overall management
14. Mention the type of records kept by proposer
15. Details of mortality percentage during last three years
16. Any other information you would like the company to know
17. Is the risk normal
18. Do you recommend the company to accept risk

I certify that the foregoing statements are true to the best of my knowledge and belief and that the birds are healthy and free from any disease and that there is no contagious or infectious disease prevalent in the farm of its vicinity

PLACE:

SIGNATURE OF VETERINARY SURGEON
NAME
QUALIFICATION
REGD. NO:
ADDRESS:

DATE: