



**UNITED INDIA INSURANCE COMPANY LIMITED**  
CIN: U93090TN1938GOI000108

## CUSTOMER INFORMATION SHEET (CIS)

This document provides only key information about Honey Bee Insurance. Please refer to the policy wordings for detailed terms and conditions.

SL.NO	TITLE	DESCRIPTION	POLICY / CLAUSE NUMBER
1	<b>Product Name</b>	HONEY BEE INSURANCE	NA
2	<b>Unique Identification Number (UIN) allotted by IRDAI</b>	IRDAN545RP0019V01199900	NA
3	<b>Structure</b>	Indemnity Policy	NA
4	<b>Interests insured</b>	Hives and or Bee Colony belonging to Co-operative Societies or individuals.	
5	<b>Sum Insured / Scope</b>	Value for <b>(a) Cost of Hive and (b) Cost of Bee Colony</b> should be as given by the respective State KVIC Board or KVIC controlled by Central Government.	
6	<b>Policy Coverage (What the policy covers)</b>	Loss or Damage due to any Accident or Disease (subject to the terms, conditions and exclusions contained herein.)	
7	<b>Add-on-Cover</b>	Theft Cover	
8	<b>Loss Participation</b>	The Company will bear 80% of the claim amount and Insured should bear remaining 20%.	
9	<b>Exclusions (What the policy does not covers)</b>	1. Malicious or wilful act or neglect or improper management. 2. Intentional destruction 3. Theft and Clandestine sale 4. Loss of Production.	Exclusions - 1 to 4
10	<b>Special Conditions and Warranties (if any)</b>	The Insured shall permit insurer's representatives to inspect hives, bees, and premises at any time, provide requested information, and comply with insurer's regulations.	Condition - 5
11	<b>Admissibility of Claim</b>	🚩 All reasonable care should be taken by the Insured to maintain the hives and bees properly as though they are uninsured.  🚩 On occurrence of any accident or disease immediate notice should be given to the Company. The duly completed claim form should be submitted with the required	Condition - 4  Condition - 7

		certificate from the authorised Officer to substantiate the claim.	
12	<b>Policy Servicing – Claim Intimation and Processing</b>	Policy issuing office details as mentioned in Policy Schedule	Policy Schedule
13	<b>Grievance Redressal and Policyholders’ Protection</b>	<p>In case of any grievance, you may contact UIIC through</p> <p>a. Website: <a href="http://www.uiic.co.in">www.uiic.co.in</a></p> <p>b. Toll Free Number: 1800 425 333 33</p> <p>c. E-Mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a></p> <p>You may also approach the grievance cell at any of our branches with details of the grievance. Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a>) OR approach the Office of the Insurance Ombudsman in your respective Area/Region or lodge a complaint in Bima Bharosa Portal</p>	NA
14	<b>Obligations of the Policyholder</b>	<p>To disclose all Information correctly sought by the insurer at the time of filling the proposal form.</p> <p>Non-disclosure of material information may affect the claim.</p>	

**Note:** In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy shall prevail.

I have read the above and confirm having noted the details.

Place:

Date:

Signature of the Policyholder.