



UNITED INDIA INSURANCE COMPANY LIMITED

HONEY BEE INSURANCE POLICY

----- (hereinafter called the "Company") hereby agrees to cover the Bee hives and Colony stated in the Schedule below against Loss or Damage due to any Accident or Disease subject to the terms, conditions and exclusions contained herein.

Policy No.----- **SCHEDULE**

INSURED		Name :			Date of Proposal and Declaration	
		Address :				
Sl. No.	Name of Bee Keeper and Address	No. of frames and Name of the Hive wood	Identificati on Code & No. of the Hive	Sum Insured		Premium Rs.
				Bee Hive Rs.	Bee Colony Rs.	
Total :						
Period of Insurance		From:	AM/PM	on	To (mid night):	

In witness whereof signed by and on behalf of the COMPANY.

PLACE :

DATE :

AUTHORISED SIGNATORY

EXCLUSIONS

1. Malicious or wilful act or neglect or improper management.
2. Intentional destruction
3. Theft and Clandestine sale
4. Loss of Production.

CONDITIONS

1. **NOTICE:** Every notice and communication to the Company required by this Policy shall be in writing to the Office of the Company through which this Insurance is effected.
2. **MISDESCRIPTION:** This Policy shall be void and all premium paid hereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material particular.
3. **CHANCE OF HAZARD:** Before each renewal of the insurance the Insured shall give written notice to the Company of disease or injury, with which the bees had been or are affected.
4. **REASONABLE CARE AND MAINTENANCE:** All reasonable care should be taken by the Insured to maintain the hives and bees properly as though they are uninsured.
5. **INSPECTION:** The Insured shall permit the authorised representatives of the Company at all times to inspect the hives and bees hereby insured and premises of the Insured and also shall furnish any information which the Company may require and shall comply with all reasonable regulations and directions from time to time made and given by the Company.
6. **CANCELLATION:** The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.
7. **CLAIMS:** 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 certificate from the authorised Officer to substantiate the claim.
8. **CONTRIBUTION:** If at the time of any loss covered by this Policy there shall be any other insurance covering the same whether effected by the Insured or not, then the Company shall not be liable for more than its rateable proportion thereof.
9. **FRAUD:** If any claim under this Policy shall be in any respect be fraudulent or if any fraudulent means or devices are used by the Insured or any one acting on the Insured's behalf to obtain any benefit under this Policy, all benefits under this Policy shall be forfeited.
10. **OBSERVANCE OF TERMS AND CONDITIONS:** The due observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.