

## **UNITED INDIA INSURANCE COMPANY LIMITED**

# POULTRY INSURANCE PROPOSAL FORM

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

1.	Name and address of the Poultry 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 Broilers / Layers /Hatchery

## DESCRIPTION OF THE BIRDS TO BE INSURED

	te of	Date of		No of Birds		Total No of	Breed	Age in		1				
Hatch of		Purchase		chased as per		Birds in the	Strain	weeks a						
Bi	rds		del	ivery challan	uni	t at proposal		Proposa	.1	disposal				
6.				Housing of the l	Bird	s?			<b></b>					
		brooding H							-	cage system				
		grower Ho							-	cage system				
7		layer House	<u>e</u>						Deep litter /	cage system				
7.		oments o of feeders												
	,	o of Drinker	•0											
		o of Broode												
8.				loyed to look a	fter	the farm:								
9.	•	, please give		loyed to look d	TICI	the farm.								
7.	1. N		1115.											
	2. Qualification:													
	3. Registration No. Yes / No (Please specify)													
		_		farm 24 hrs.					`	1 27				
10.	If qua	lified Vet no	ot em	ployed then on	who	se services y	ou depend	d upon:						
11.	Detai	ls of other 7	Techn	ical persons res	idin	g at the farm	premise	s:						
Name					(	Qualification			Job des	cription				
	1													
12.														
13.	7													
14.	$\mathcal{I}$													
15.														
	undergone any training:													
16. Details of vaccination conducted during last six months:														
	ate of	Age		Disease agair	ıst	Trade	Name	Batch	Vaccinati	on done by				
Vaccination birds at				which		name of	of	No						
		vaccina	ition	vaccinated		vaccine	vaccine	vaccination vaccinated vaccine vaccine						

17.	Details of debeaking	Unit No.	•	Date of deworming			
18.	Details of deworming:	Unit No			Date of deworming		
19.	Has there been any epidemic outbre	eak during last 3	years? If s	o, give			
	details:						
20.	Do you maintain the following record	ds:					
	a) Flock record on day to day basis						
	b) Mortality record.						
	c) Culling.						
	d) Vaccination and medication parti	culars.					
	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 propo		r insurance	e? if so,			
	give name and address of the Compa						
23.	Has any company:						
	a) declined to issue a policy to you?						
	b) declined to continue insurance?						
	c) Not invited renewal of policy?						
2.4	d) Imposed any restriction or special						
24.	Period of insurance for the present pr	oposal:					
	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:

**Signature of the Proposer** 

### 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.

#### POULTRY INSURANCE FITNESS CERTIFICATE

- 1. Name and address of the poultry farm
- 2. Name and address of the owner / owners:
- 3. Types of birds broilers / 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 / broiler 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	Date of	Age of birds	Disease against	Trade name	Name of	Batch	Vaccinatio
No.	Vaccination	at vaccination	which vaccination	of vaccine	vaccine	No.	n done by

10. Details of debeaking
11. Details of deworming
Unit No.
Date of debeaking
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 infections disease prevalent in the farm of its vicinity

PLACE: SIGNATURE OF VETERINARY SURGEON

**NAME** 

**OUALIFICATION** 

REGD. NO:

DATE: ADDRESS: