

UNITED INDIA INSURANCE COMPANY LIMITED

QUAIL INSURANCE PROPOSAL FORM

1.	Name and address of the Quail 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/Broilers

DESCRIPTION OF THE BIRDS TO BE INSURED

Date	e of Date of	No of Birds	Total No of	Breed	Age in	Source of	Expected		
Hato	h of Purchase	Purchased as per	Birds in the unit	Strain	weeks	at Purchase	dated of		
Biı	ds	delivery challan	at proposal		Propos	al	disposal		
6.	6. What is the system of Housing of the Birds?								
	a) In breeding					Deep litter / c	•		
	b) In grower H					Deep litter / c	•		
	c) In layer Hou	ise				Deep litter / c	age system		
7.	Equipments								
	a) No of feede								
	b) No of Drink								
	c) No of Breed								
8.		et. Employed to look	after the farm:						
9.	If yes, please gi	ve 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.	11. Details of other Technical persons residing at the farm premises:								
	Name	Quali	fication		Jo	b description			
12.	<u> </u>								
13.	7								
14.	4. Do you manufacture your own feed or get it from the market:								

15.	Is the owner / partner / associate experienced in duck farming or have								
1.5	undergone any training:								
16.									
							Vaccination done by		
Vac	cinati	birds at	which	name of	vaccine	No			
(on	vaccination	vaccinated	vaccine					
	1								
17.		s of debeaking		Unit No.			Date of deworming		
18.		s of dewormin	<u> </u>	Unit No			Date of deworming		
19.		•	epidemic outbrea	ak during las	st 3 years? If	so, give			
	details								
20.			following records	s:					
	,		day to day basis						
		ortality record.	•						
	c) Culling.								
	d) Vaccination and medication particulars.								
	,	ed consumption	on						
	,	oduction							
		ebeaking							
	/	cidence of dise							
21		irchase and sal							
21. 22.		is the farm est		مريا سيمين المناسة	la Can in arruan	20 If 22			
22.	1. Have you earlier at any time proposed your birds for insurance? If so, give name and address of the Company:								
23.			ess of the Compan	у.					
23.	Has any company:								
	a) Declined to issue a policy to you?b) Declined to continue insurance?								
	/								
	c) Not invited renewal of policy?d) Imposed any restriction or special condition?								
24.	Period of insurance for the present proposal:								
<u></u>	From To:								
	10								

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	•
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

QUAIL INSURANCE FITNESS CERTIFICATE

- 1. Name and address of the quail farm
- 2. Name and address of the owner / owners:
- 3. Types of birds / layers / hatchery/ broilers.
- 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	Age in weeks at examination
	unit on date of examination		in the unit	examination

- 5. Health of birds?
- 6. System of Housing of birds

in grower house

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	Trade	Name of	Batch	Vaccinati
No.	Vaccination	at	against which	name of	vaccine	No.	on done
		vaccination	vaccination	vaccine			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 infections disease prevalent in the farm of its vicinity

PLACE: SIGNATURE OF VETERINARY SURGEON

NAME

OUALIFICATION

REGD. NO:

DATE: ADDRESS: