

## UNITED INDIA INSURANCE COMPANY LIMITED

## SERICULTURE INSURANCE

## PROPOSAL FORM

		1		
1.	a) Name of the Proposer (in full)			
	b) Address (in full)			
	c) Business / Occupation			
	d) Name of Financier, if any			
2.	Particulars of property to be insured showing separate value of			
	each item :			
	a) Location of Sites on which the Farm is situated :			
	i) State			
	ii) District			
	iii) Village / Taluka			
	iv) Survey No./GAT No./HISSA No.			
	v) Immediate Neighbours:	-		
	b) How is the boundary demarcated?	East		West
		Nort	h	South
	(Please enclose a plan of Farm site with the above details clearly			
	marked)			
3.	Whether the project proposed to be insured is duly approved by the			
	Department of Sericulture or any other Government Scheme ? If			
	so, please attach proof.			
4.	Identification of Crops for each variety of breed viz., Bivoltine,	Lot	Date of	Date of seed
<b>⊢</b> +.	Multivoltine, Crossbreed and Tassar :		Hatching	
		110.	ratening	preparation
5.	(a) Are the laying eggs (seeds) healthy and free from any incipient			
5.	disease ? If so, please attach necessary Certificate from the			
	Supplier or the Government Grainage.			
	(b) Source of supply of laying eggs (seeds) :			
6.	<ul><li>(c) Are they duly licensed ? If so, please attach proof.</li><li>Value of the Crop to be insured for each variety of breed viz.,</li></ul>			
0.	Bivoltine, Multivoltine, Crossbreed and Tassar :			
	On Input Cost basis :			
	1			
	<ul><li>(i) Cost of Chawkie Volume</li><li>(ii) Cost of leaf</li></ul>			
	(ii) Cost of labour			
	(iv) Cost of Chemicals			
	(v) Cost of Medicines			
	(v) Cost of others, if any with specific details			
7.	Do you require cover for risk of loss during transit from Farm to	VEC	/ NO	
/.				
	Market due to accident ? (Specify the area in detail and route followed)			
8.	Period of Insurance :	Fron	2	То
8. 9.		riofi	1	10
	Do you keep regular books of accounts ?	VEC	/ NO	
10.	Is the Farm to be insured fully equipped with facilities to arrest of	165		
	occurrence of disease and pest attacks ? If so, please furnish full details thereof			
11.	details thereof.	VEC	/ NO	
11.	Do you maintain full records about the accident or disease or pest incidental at different stages of the grop 2. If so, places give full	163		
	incidental at different stages of the crop? If so, please give full details of discasses ( problems food in your Form for the last 3			
	details of diseases / problems faced in your Farm for the last 3			
10	years.			
12.	Since how long you are in Sericulture activity ?			
13.	Give details of personnel on the Farm / attached to your Farm and			
1.4	their experience in the field of Sericulture.	N/D/C		
14.	Is the Site / Farm proposed for insurance exposed to flood. Tidal	YES	/ NO	
	wave, storm, earthquake, pollutions, drought or disease previously			
	? If so, please give details of steps taken to prevent or minimise			
	losses.			

15.	State any	y other information material to the risk.	
16.	Previous Loss Experience (for last 3 years)		Year Date of loss Cause of loss Amount of loss
17.	i) N ii) S iii) T iv) I v) H vi) H vii) H viii) H	s insurance history for last 3 years : Names of previous insurers. Sum Insured. Total premium paid. Details of claims made, if any with Number of claims made, number of claims settled and number of claims outstanding along with the respective amounts. Has any company declined to cover your property ? Has any company cancelled your insurance policy ? Has any company refused to renew your policy ? Has any company imposed any restrictions or special conditions in the policy ? If so, give full details.	

I / WE, the undersigned, confirm having completed the proposal form myself / ourselves. I / We hereby warrant that all the statements made above and the answers given are wholly true and correct to the best of my / our knowledge and belief. I / We have disclosed all particulars material to the risk. I / We hereby declare that no material fact has been withheld or misstated or misrepresented. I / We understand and agree that this proposal and declaration shall be basis of the contract between me / us and the Company whose Standard Policy for the insurance proposed is acceptable to me / us. I / We further understand that if after the insurance is effected, it is found that the statements, answers or particulars are false, incorrect, untrue or misrepresented in any respect, the same will void the right of the Insurance Company to indemnify under the insurance policy.

Place:

Date:

**Signature of Proposer** (Name in full with Seal, if any.)

NOTE : The risk proposed will not commence until the Proposal has been accepted and the full premium due has been received by the Company.

## **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.