



# SAMPOORNA FASAL KAWACH Proposal Form

Agriculture Insurance Company of India

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**PROPOSAL FORM**

Name of the Proposer	:																							
Address	:																							
Bank Account No.	:																							
Name and Address of the branch	:																							
Proposal Date	:																							
Crop & Variety cultivated	:																							
Details of area to be insured (Location, Survey No. etc.)	:																							
Extent of area proposed for Insurance	:																							
Date of Sowing	:																							
Expected Date of Harvesting	:																							
Reference Weather Station	:																							
<b>Choice of coverage &amp; Period of Insurance</b> (For details of period, triggers and payouts refer the technical document Annexure)  Term sheet to be provided by prospective customer – A sample Term sheet is provided below		<table border="1"> <thead> <tr> <th>Cover Type</th> <th>Select the choice of cover (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>1. Rainfall cover</td> <td></td> </tr> <tr> <td>2. Temperature cover</td> <td></td> </tr> <tr> <td>3. Humidity covers</td> <td></td> </tr> <tr> <td>4. Sunshine Hours</td> <td></td> </tr> <tr> <td>5. Chilling requirement</td> <td></td> </tr> <tr> <td>6. High Wind speed</td> <td></td> </tr> <tr> <td>7. Pest-Disease congenial climate</td> <td></td> </tr> <tr> <td>8. Crop Health Factor</td> <td></td> </tr> <tr> <td>9. Crop Failure Cover</td> <td></td> </tr> <tr> <td>10. Localized Perils Cover</td> <td></td> </tr> </tbody> </table>	Cover Type	Select the choice of cover (Yes/No)	1. Rainfall cover		2. Temperature cover		3. Humidity covers		4. Sunshine Hours		5. Chilling requirement		6. High Wind speed		7. Pest-Disease congenial climate		8. Crop Health Factor		9. Crop Failure Cover		10. Localized Perils Cover	
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Period/Phase	16-Jul to 5-Sep		
Number of Consecutive dry days (CDD) (*)			Pay-out (in Rs.)
STRIKE I (>=)	15 days		5000
STRIKE II (>=)	20 days		10000
STRIKE III (>=)	25 days		20000
Exit	40 days		50000
<i>Total Maximum pay-out: Rs. 50000</i>			
<b>(*) Dry day is a day having daily rainfall less than 2.5 mm</b>			
Coverage options	Option 1	Option 2	Option...
Sum Insured (Rs.)			
Premium (Rs.)			
Total Sum Insured (Rs.)			
Total Premium (Rs.)			
Add: Service Tax @.....%			
Gross Premium (Rs.)			

Has any insurance company declined your proposal or refused to renew any of your policies?		: Yes / No	
Past insurance History: Policy No.		:	
Have you suffered any loss or damage to your crop in the past three years?		: Yes/ No	
If yes, please provide the claims history for the preceding three years in the format below:		:	
Year	Particulars of the crop	Nature of loss	Amount of loss

### DECLARATION

I/We hereby also declare that all the information furnished by me/us in this proposal form are true and correct to the best of our knowledge and belief and certify that the proposal form is prepared in accordance with the guidelines prescribed by Agriculture Insurance Company of India Limited (AIC) in this respect. I/We agree that the Policy shall become voidable at the option of AIC, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

Dated at..... this.....day of.....

(Signature of the Proposer)

Name :

Address :

*Insurance is the subject matter of solicitation*

### STATUTORY WARNING

#### PROHIBITION OF REBATES

**(Under Section 41 of Insurance Act 1938)**

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 of 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 tables 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.

## **GUIDELINES FOR COMPLETION OF THE FORM**

1. Please read the prospectus/ brochure and term sheet before filling up this form.
2. This Proposal Form must be completed and signed in all respect to the best of the proposer's knowledge and belief.
3. Answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Use additional sheets wherever space is not sufficient to fill up the details
4. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts. If you think any fact is material, please disclose it
5. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf
6. Kindly contact AIC's Offices or the Agents for any doubts or clarifications on the proposal form
7. The liability of AIC does not commence until this proposal has been accepted by AIC and premium paid.

**DETAILS OF GROWERS/FARMS INSURED UNDER SAMPOORNA FASAL KAWACH**

(To be filled up in order of District, Block & Gram Panchayat as far as possible)

Attached to and forming part of Policy / Cover Note No.: .....

Choice of Insurance cover :

Cover Type	Select the choice of cover ( Yes/No)
1. Rainfall cover	
2. Temperature cover	
3. Humidity covers	
4. Sunshine Hours	
5. Chilling requirement	

Cover Type	Select the choice of cover ( Yes/No)
6. High Wind speed	
7. Pest-Disease congenial climate	
8. Crop Health Factor	
9. Crop Failure Cover	
10. Localized Perils Cover	

Crop to be insured: .....

SI No	Name & Address of the Farmer	Description of the Insured Field				Area in Acres	Date of Sowing	Expected date of harvesting	Sum Insured (Rs.)	Premium (Rs.)	S. T. @- ---- % (Rs.)	Gross Premium (Rs.)	Bank Name, Branch and Account No.)
		District	Block/ Tehsil	Village	Survey No & Plot no.								

(Attach additional sheets if necessary)