



## Agriculture Insurance Company of India Limited

### SARAL KRISHI BIMA

UIN: IRDAN126RP0001V01202223

### PROPOSAL FORM

**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 the 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 anyone 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.

PROPOSER DETAILS											
Type of Proposer	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Affinity Group	<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Others	
Full Name/Organization Name											
Guardian/Principal Officer Name											
Gender (in case of individual)						Date of Birth/Incorporation (dd/mm/yyyy)					
Identity Proof:	Aadhaar Card/PAN Card/Ration Card/Voter ID/Other, Specify:					Identity Proof No.					
Address Proof:	Aadhaar Card/Passport/Ration Card/Voter ID/Other, Specify:					Address Proof No.					
CONTACT DETAILS											
Address Line 1											
Address Line 2											
City/Village						Block/Mandal/Taluka/Tehsil					
District						State					
Phone Number							E-Mail ID				
BANK DETAILS (for credit of claims)											
Account Holder Name						Account Number					
Bank Name						Branch Name & Address					
Account Type	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Current	IFS Code						
NOMINEE DETAILS (in case of individual)											
Nominee Full Name	Mr./Mrs./Ms.										
Identity Proof	Aadhaar Card/PAN Card/Ration Card/Voter ID/Other, Specify:					Identity Proof No.					
Relation to Party						Date of Birth (dd/mm/yyyy)					

Agriculture Insurance Company of India Limited

Registered Office: Plate B & C, 5<sup>th</sup> Floor, Block 1, East Kidwai Nagar, New Delhi

Tel: 011-24604444 ; Web: www.aicofindia.com

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COVER DETAILS	
Details of Risk	
Additional Information	
Insurable Interest Document	
Risk Start Date	
Risk End Date	



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Choice of parameters for which coverage is sought	<b>Weather Parameters</b>					
	Rainfall	<input type="checkbox"/>	Temperature	<input type="checkbox"/>	Relative Humidity	<input type="checkbox"/>
	Sunshine Hours	<input type="checkbox"/>	Pest-Disease congenial climate	<input type="checkbox"/>	Wind speed	<input type="checkbox"/>
	<b>Satellite-Based Indices</b>					
	NDVI	<input type="checkbox"/>	LSWI	<input type="checkbox"/>	SAVI	<input type="checkbox"/>
	Soil Moisture	<input type="checkbox"/>	Microwave Backscatter	<input type="checkbox"/>	fAPAR	<input type="checkbox"/>
	Flood Index	<input type="checkbox"/>	Drought Index	<input type="checkbox"/>	Other, _____	
<b>Notification of Natural Calamity</b>						
	Flood	<input type="checkbox"/>	Drought	<input type="checkbox"/>	Cyclone	<input type="checkbox"/>
	Earthquake	<input type="checkbox"/>				

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### Details of Area where risk is located (As per term-sheet)

State	District	Tehsil/Block	Village	Total Units of Risk at the Location	Source of weather parameter/satellite index data for which coverage is sought

Total Number of Units Insured	
Sum Insured per Unit (Rs/unit)	Rs.
Total Sum Insured	Rs.
Premium	Rs.
Discount	Rs.
Premium after Discount	Rs.
Tax @ _____ %	Rs.
Gross Premium	Rs.



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### AML GUIDELINES

I/We hereby confirm that all the premiums have been/will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in PMLA Act, 2002. I understand that the company has the right to ask the sources of the funds from where the premium has been paid. The insurance company has the right to cancel the insurance contract in case I am found guilty by any competent court/tribunal under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: India/Non-India/OCI Cardholder

If Non-India, please specify the country: \_\_\_\_\_

Type of Organisation: Individual/Government/Corporate/Cooperative Society/ Trust/Section 8 Companies/Partnership Firm

### PAYMENT DETAILS

Cheque Number/UTR Number/DD Number/Others(specify):

Bank Name:

Bank Account Number:

Amount:

Branch Name:

Branch Address:

### DECLARATION

I/We hereby declare that all the information furnished by me/us in this proposal form are true and correct to the best of my/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 hereby also declare that I/We have an insurable interest in the risk proposed for insurance through this proposal form and that any loss to the insured risk is estimated to cause an economic loss to me/us equivalent to the sum insured as proposed. 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 of 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.***

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**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 ten lakhs rupees.

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## DECLARATION / VERNACULAR LANGUAGE

(To be filled when the proposal form is filled by a person other than the proposer)

I hereby declare that I have explained the contents of this proposal form and all other documents significant and incidental to availing the insurance policy in \_\_\_\_\_ language to the Proposer and that the proposer has declared that he/she has understood the same completely.

I hereby declare that I have explained to the Proposer that in case of false or incorrect statements, misrepresentations, mis-description, or non-disclosure or suppression of any material or if any untrue statements are contained therein or in case of fraud by the Insured or anyone acting on his behalf, the Policy shall stand null, and void and no benefit shall be payable.

I also declare that I have truly and correctly recorded the details and responses of the Proposer and that the Proposer has affixed his/her thumb impression/ signed on the proposal form in my presence, after understanding the terms of insurance policy.

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of person/agent/intermediary  
making declaration)

\_\_\_\_\_  
(Signature of witness with contact number and address)

I , \_\_\_\_\_, hereby declare that the contents of this policy including product features, suitability and all other connected documents significant and incidental to availing the insurance policy, have been duly explained to me in \_\_\_\_\_ language and have been understood by me.

\_\_\_\_\_  
(Signature/thumb impression of the proposer)

Date:

Contact Number:

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