

**POULTRY INSURANCE
PROPOSAL FORM**

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for POULTRY INSURANCE Policy. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

FOR OFFICE USE:

Intermediary Name: _____ Intermediary Code: _____

Business Channel: Agency Banca Corporate/Broking Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

(A Certificate given by a qualified Veterinary Practitioner must accompany this proposal)

1. Name of Proposer:	
2. Name of Poultry Farm:	
3. Residence Address: (Pin code compulsory)	
4. Farm Address: (Pin code compulsory)	
5. CKYC number (if available)	
6. Type of Birds:	Layers Broilers Hatchery
7. When was the farm established?	
8. Give the following particulars in full, of each unit/ batch of birds proposed for insurance.	

Unit	Date of Hatch of birds	Date of Purchase	No of birds purchased as per delivery challan	Total no of birds in the unit at proposal	Breed strain	Age in weeks at proposal	Source of purchase	Expected date of disposal
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<p>9. Are the birds in the farm sound and healthy and free from vice? (Please provide a certificate of good health is qualified each veterinary practitioner for each batch proposed for insurance).</p>	
<p>10. What is the system of Housing of the Birds?</p>	<p>In brooding House: Deep Litter/cage system In grower House: Deep Litter/cage system In layer House: Deep Litter/cage system</p>
<p>11. Equipments Used:</p>	<p>No. of Feeders: _____ No. of Drinkers: _____ No. of Brooders: _____</p>
<p>12. Is a qualified Veterinary doctor employed to look after the farm? If yes, please give his: Name: Qualification: Regd. No, if any Is he residing at the farm 24 hours If qualified Veterinary doctor is not employed then whose services are availed?</p>	

Persons residing at				
13. Details of other Technical the farm premises Name: Qualification: Job Description:				
14. Are the diagnostic equipment/agents maintained at the farm?				
15. Do you stock essential medicines at the farm?				
16. Do you manufacture your own feed or get it from the market?				
17. Is the owner/partner experienced in poultry farming or has undergone any training?				
18. Has there been any epidemic outbreak during last 3 years? If so, give details:				
19. Previous Poultry Insurance and Claims experience (for the last three years)				
Year	Policy No.	Name of Insurer	Claim Amount	Whether claim settled in full or in part or outstanding or repudiated.
20. Has any Company or Underwriter. [a] Declined insurance or [b] Declined to renew the insurance [c] Increased your premium or imposed special conditions on renewal?				
21. For what period is insurance required?		For _____ Weeks With Effect From: _____		

<p>22.</p> <p>[a] Is any bank or other financing institution interested in the birds, If so, state (i) name and address of the bank / Financing Institution (ii) Amount of loan outstanding.</p> <p>[b] Are the birds proposed for insurance covered by Government sponsored scheme? If so, state.</p> <p>(i) Name and Address of sponsoring agency (ii) Amount of subsidy obtained from the agency.</p>	
<p>23. Any other information material to the risk or the terms upon which cover might be offered.</p>	

Declarations:

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I/we am/are (please tick all that are applicable)

<input type="checkbox"/> High Net Worth Individual/s	<input type="checkbox"/> Non-Residential Indian/s
<input type="checkbox"/> Politically Exposed Person/s	<input type="checkbox"/> Jeweller/s <input type="checkbox"/> Non-Governmental Organization
<input type="checkbox"/> Film Actor/s	<input type="checkbox"/> Producer/s

- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box

Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

For Intermediary Use Only

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature _____

ANTI MONEY LAUNDERING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counterfinancing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

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 of risk relating to lives or property in India, any rebate of 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.

