

## TEA CROP 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 Tea Crop Insurance. 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) \_\_\_\_\_

POLICY PERIOD: FROM ..... TO .....

<b>1. NAME</b>	
<b>ADDRESS OF THE PROPOSER</b>	
<b>CKYC (if available)</b>	
<b>Email ID</b>	
<b>Contact Details</b>	
<b>2. PARTICULARS OF TEA ESTATE PROPOSED FOR INSURANCE</b> a. Name of the Tea Estate b. Location and Address (including name of the State) c. Total Crop area in Hectares (excluding Nursery Crop Area) :	
<b>3. PARTICULARS OF PRODUCTION</b> a. Made Tea produced during the last 3 years excluding the expiring year b. Estimated quantity of Made Tea during the	<u>Year Production</u> 1. .... Kgs. (Actual) 2. .... Kgs. (Actual) 3. .... Kgs. (Actual)

period ..... to ..... (Green leaf converted into Made Tea at the ratio of 4:1)	(i) Made Tea from own produce: ..... Kgs. (ii) Made Tea from tea leaf purchased from other Garden(s) : .....Kgs. Total : .....Kgs.
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**4. DISPOSAL PARTICULARS OF MADE TEA AND STORAGE COVER REQUIREMENTS, WHEREVER APPLICABLE:**

**(A) INLAND DISPOSALS:**

**TEA TO BE SENT TO AUCTION CENTRES**

AUCTION CENTRES						
	(1)	(2)	(3)	(4)	(5)	(6)
a. Name						
b. Distance involved from the Estate						
c. Estimated Quantity						
d. Storage cover required (in days)						

**TEA TO BE SENT TO DESTINATIONS OTHER THAN AUCTION CENTRES**

	Transits upto 80 Kms. from the Garden (1)	Transits beyond 80 Kms. upto 300 Kms. from the Garden (2)	Transits beyond 300 Kms. upto 750 Kms. from the Garden (3)	
a. Estimated Quantity				
b. Storage cover required (in days)				
	Transits beyond 750 Kms. from the Garden (4)	FOB/C & F Shipments (5)	Tea Waste (6)	Tea otherwise disposed of at the Garden (7)
a. Estimated Quantity				
b. Storage cover required (in days)			Not Applicable	Not Applicable

**(B) DISPOSALS ABROAD:**

	OVERSEAS AUCTION CENTRES	C I F SALES
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		Afghanistan & C.I.S. (1)	All other Countries (2)
a. Estimated Quantity			
b. Storage cover required (in days)			

**5. BASIS OF VALUATION OF MADE TEA:**

		Rs. per kg.
A. OPTION I	Inland (Agreed Value) Overseas (Provisional Value)	
B. OPTION II	1. Inland & Overseas (Agreed Value other than C. I. F. Sales) 2. C. I. F. Sales (Provisional Value)	
C. OPTION III	Inland & Overseas (Provisional Value)	
D. -----	Tea Waste (Agreed Value)	

**NOTES:**

- (i) Any one of the three options provided above (i.e. 'A' or 'B' or 'C') is to be selected.
- (ii) For arriving at the Provisional Value, average realised value for three completed and adjusted years immediately preceding the expiring year should be taken into account.
- (iii) Agreed/Provisional Value opted above shall remain unchanged throughout the period of insurance.
- (iv) For CIF Sales, Sum Insured should not be more than CIF value (+) 10%

<b>6. ESTIMATED QUANTITY OF TEA DESPATCHED THROUGH CONTAINERS</b>	..... Kgs.
<b>7. STATE MAXIMUM VALUE OF ANYONE SENDING PER ANY ONE CONVEYANCE</b>	Rs. _____
<b>8. PROPOSED QUANTITY OF GREEN LEAF TO BE SENT TO NEIGHBOURING TEA ESTATE FOR MANUFACTURE</b>	a) One Way: ..... Kgs. b) Both Ways: ..... Kgs.
<b>9. IS COVER REQUIRED FOR TEA LYING IN THE ESTATE BEYOND 15% OF THE ESTIMATED ANNUAL CROP? IF SO, THE SURPLUS QUANTITY AND MONTH (S) FOR WHICH COVER IS REQUIRED</b>	Surplus Quantity: ..... Kgs. Period: ..... Months

**10. IS COVER REQUIRED FOR TEA HELD BACK RELATING TO THE PREVIOUS PERIOD?**

**IF SO, SPECIFY QUANTITY AND DISPOSAL PARTICULARS OF THE SAME**

	DISPOSAL PARTICULARS				
	1	2	3	4	5
QUANTITY (in Kgs.)					

**11. IS COVER REQUIRED AGAINST**

a) Strikes, Riots & Civil Commotion: Yes / No

b) War & SRCC (for Overseas shipments): Yes / No

**12. IS STORAGE EXTENSION OF 15 DAYS**

**FROM THE DATE OF 'PROMPT' \***

**REQUIRED** (For auctions within India only): Yes / No

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- PROMPT DATE IS THE DATE SPECIFIED IN RESPECTIVE ACCOUNT SALES WITHIN WHICH THE BUYER IS REQUIRED TO TAKE DELIVERY OF THE CONSIGNMENTS FROM THE SELLER'S WAREHOUSE AT AUCTION CENTRES.

**13. INSURANCE DETAILS OF THE GARDEN FOR THE 3 YEARS IMMEDIATELY PRECEDING THE EXPIRING YEAR:**

Period of Insurance	Insurer's Name with Full Address	Premium (Excluding War & SRCC Premium)	Claims (Excluding War & SRCC Claim)		
			Paid	Outstanding	Total

**14. IN THE PAST, HAS ANY INSURER DECLINED TO ACCEPT OR RENEW AND/OR CANCELLED AND/OR IMPOSED ANY SPECIAL RESTRICTIVE CONDITIONS FOR SIMILAR INSURANCES? : Yes / No**

**IF SO, PLEASE GIVE DETAILS:**

**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/-

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.

**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.

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

**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 FGII 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 FGII, be treated as null and void and the premium amount against the policy may be forfeited by FGII.

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**

FGII adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGII as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGII 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:**

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. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.



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