





16. Have you availed Insurance claims in the past for the death of Sheep & Goat? If so please give details	Policy No.: Insurance company: Amount Claimed:
17. Has any Insurer in the past a. declined insurance b. refused renewal c. imposed special conditions d. increased the premium?	Yes / No Yes / No Yes / No Yes / No
18. Have you insured all the animals owned by you? Give details. If not, when do you propose to insure them?	
19. Is there any other material information relevant to acceptance of this proposal, which must be known by the Company?	
20. Period of insurance required	From ----/----/200 To ----/----/200

**Note:**

**CLAIMS WILL BE SUBJECT TO “NO TAG NO CLAIM” BASIS. UNLESS, EAR TAG USED FOR THE IDENTIFICATION OF THE ANIMAL IS PRODUCED, CLAIMS WILL NOT BE CONSIDERED FOR PAYMENT.**

The Proposer understands that if a proposal has been completed for this insurance, then the statements and all particulars provided in such proposal, and any attachments thereto, are material to the insurance company's decision to provide this insurance. The applicant further understands that the insurance company will, in its sole discretion, issue this Policy in reliance upon the truth of such statements and particulars.

THIS POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MIS-REPRESENTATION, MIS-DESCRIPTION OR NON-DISCLOSURE OF ANY MATERIAL PARTICULAR BY THE INSURED. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURANCE COMPANY OR OTHER PERSONS, FILES A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE INSURANCE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.



**Notice:**

**Section 41 of the Insurance Act: 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 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).

**PROPOSER'S DECLARATION**

I/We desire to insure with HDFC ERGO General Insurance Company Ltd. in respect of the property described above and benefits opted and agree that the statements contained in this Proposal Form are to my/our true and accurate representations. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Ltd, and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company.

I/We hereby declare that the contents of the Proposal form and documents have been fully explained to me / us and that I / we have fully understood the significance of the proposed contract.

I/We also agree that if any additions / alterations are carried out after the submission of this Proposal Form to the Company, then the same will be communicated to the Company immediately in writing.

I/We understand the terms of cover of this Insurance and agree that the Insurance would be effective only on acceptance of this application by the company and the payment of premium by me/us in advance.

Date: \_\_\_\_\_ Signature of the Proposer \_\_\_\_\_

**To be completed by anyone who assists the applicant in completing this proposal:**

I certify that I have explained the contents of this proposal to the applicant in the language he / she understands and that the applicant fully understands the contents of the proposal. I have recorded the applicant's replies to the questions contained in this proposal as per the information provided by the applicant. I read these replies aloud to the applicant, who fully understands them and confirms that they are accurate.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Signature: \_\_\_\_\_

**Insurance is the subject matter of the solicitation**



**FORMAT OF SHEEP & GOAT INSURANCE - VETERINARY HEALTH CERTIFICATE**

Name of the Sheep & Goat owner	
Address of Sheep & Goat owner:	
Pin Code:	
Description of the animal proposed for Insurance:  A) Sheep/Goat B) Breed C) Sex D) Age in years E) Ear tag no. F) Identification details	
Present Market Value:	Rs.
Vaccination Particulars:	
<p>The above said animal was carefully examined by me on _____ at _____ and found to be in sound health. I certify that the animal is free from any pre-existing illness, injury and is in a fit condition for Insurance. I certify that the cost of the animal mentioned above is reasonably accurate.</p> <p>Signature of Veterinary Surgeon:</p> <p>Name :</p> <p>Designation :</p> <p>Qualification :</p> <p>Regn.No:</p> <p>Date: <span style="margin-left: 200px;">Address :</span></p>	