

HDFC ERGO FARM YIELD INSURANCE POLICY

IMPORTANT NOTICE

1. This is a proposal for a contract of insurance. You have a legal duty to provide a fair presentation of the risk. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim.
2. This proposal must be completed signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Us (the Insurers) to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.

1.	Name of Insured			
2.	Insured's Address	City		Pin code
Telephone No. (if any)				
3.	Insured's Trade or Business	Type of Activity:		Agricultural/ Farming/ Mono-cropping/Any other : please specify
4.	Bank Account no			
5.	Bank Name Type of account			
6.	Bank IFSC Code			
7.	Bank Branch			
8.	Activity Details			
9.	Crop	Area to be insured (in acres)		
10.	Crop Variety			
11.	Total Cost of Sowing(Rs/acre)			
12.	Total Cost of cultivation(Rs/acre)/ Contract Value			
13.	Stipulated Harvest (tons/ha)			
14.	Expected price per ton:			
15.	Irrigation facilities available to farmer			
16.	Sum Insured (Rs/acre)			
17.	Period of Insurance	From	To	
18.	Details of proposed insured and persons having financial interest in the crop and crop area to be insured. (Please specify banks / institutions from whom financial assistance may have been obtained against the security of the property to be insured) ¹			
19.	Date of sowing			
20.	Has any insurance company declined your proposal or refused to renew any of your policies?	YES / NO		
21.	Previous Insurer	22. Policy No.		
23.	Have the area to be insured and crop suffered any loss or damage due to weather conditions/ pest attack/diseases in the past?	YES / NO		
24.	If yes, please provide the claims history for the preceding three years in format below:			

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25.	Any additional information relevant to the Policy			
26.	Please provide previous Insurance details:			
	Previous Insurer	Policy No.	Premium Paid	Nature of Loss

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company

Other Information:

Fraud Warning:

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, 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 sole discretion of the insurance company and result in a denial of insurance benefits.

Anti Rebating Warning:

In the event of a bank or a financial institution having provided financial assistance against the security of the property to be insured, the agreed bank clause shall apply whereby the first named bank or financial institution shall be specified as the first named policy holder, along with other banks or financial institutions if any, and the Proposer/Insured.

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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 prospectus or tables of the insurer. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

Data Protection Requirement (Below Declaration Should Be Mentioned In Insured Declaration):

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

Anti- Money Laundering:

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

Sharing Of Information Clause:

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

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Premium Details:

Amount (INR) _____

GST (INR) _____

Premium including tax (INR) _____

Rupees in words _____

Payment Details:

Cheque NEFT

Instrument No. _____ Instrument Date: _____

Bank Account No. _____ Account Type: Savings / Current / Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Bank details for refund of premium in case of cancellation to be considered as above Yes/No

If NO, please provide additional bank details in below provided space:

Bank Account No. _____ Account Type: Savings / Current / Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Are you a Political Exposed Person or related to Political Exposed Person: Yes/No (appropriate tick) If Yes, give details _____

Type of Organization

Corporation: _____ Governments: _____ Society: _____

Private Organizations: _____ International Organization: _____

Partnership: _____ Trust: _____ Others: _____

Sources of Fund:

Salary _____

Business _____

Other _____

I/We wish:

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

DECLARATION:

(To be signed by a partner or director of the Main Applicant)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.

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- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal

Signed:_____

Print Name_____

Title_____

Date _____

Terms and Conditions

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)

Insurance is the subject matter of the solicitation